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AUGUST, 1867.

EDITED BY

WM. A. HAMMOND, M.D., and E. S. DUNSTER, M.D.

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—12 CHARLES H. SHEPARD, M.D.

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BELLEVUE HOSPITAL
MEDICAL COLLEGE,
CITY OF NEW YORK.

SESSION OF 1867–1868.

The Collegiate Year in this institution embraces a preliminary Autumnal Term, the Regular winter Session, and a Summer Session.

The Preliminary Autumnal Term, for 1867–68, will commence on Wednesday, September 18th, 1867, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, exclusively by members of the Faculty. Students designing to attend the Regular Session are strongly recommended to attend during the Preliminary Term, but attendance during the latter is not required.

The Regular Session will commence on Wednesday, October 16th, and end about the 1st of March, 1868.

The Summer Session for 1868 will commence on the second Wednesday in March, and continue twelve weeks. This term will embrace courses of didactic lectures by the members of the Faculty of the Summer Session, together with clinical lectures at Bellevue Hospital, and the Charity Hospital, Blackwell's Island, and the daily recitations. Lectures will also be given by members of the College Faculty.

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For the Annual Circular and Catalogue, giving regulations for graduation and other information, address the Secretary of the College, PROFESSOR AUSTIN FLINT, Jr., Bellevue Hospital Medical College.

For information concerning the Summer Session, address the Secretary of the College, or PROFESSOR HENRY D. NOYES, No. 68 Madison Avenue, Dean of the Summer Faculty.

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A *Surgical Clinique*, by Professor DETMOLD, every Wednesday, at 2½ P. M.
A *Medical Clinique*, by Professor CLARK, every Thursday, at 12 M.
A *Clinique for Diseases of the Skin*, by Dr. WM. H. DRAPER, every Thursday, at 3 P.M.; and
A *Clinique for Women and Children*, by Professor THOMAS, every Friday, at 3 P. M.

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OF

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MEDICAL JURISPRUDENCE,

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Professor of Diseases of the Mind and Nervous System in the Bellevue Hospital Medical College.

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MEDICAL JOURNAL:

A MONTHLY RECORD OF

MEDICINE AND THE COLLATERAL SCIENCES.

Vol. V.] AUGUST, 1867. [No. V.

Original Communications.

ART. I.—*Cases and Observations relating to Obstetrical Surgery, Pathology, and Jurisprudence.*—By JOHN A. LIDELL, M. D., of New York.

(*Continued from July No., Page* 299.)

CASE VI.—*Sudden death following premature delivery; autopsy.*

A bar woman, named Louisa H—— married, aet. 19, being pregnant, suffered a miscarriage at about the sixth month, and suddenly expired on the following day with symptoms of syncope, as I was informed. Her husband was charged with beating her, and causing her death thereby.

Autopsy, July 30, 10 o'clock P. M. Cadaver in a good state of preservation. Rigor mortis slight. There is a trifling bruise on the forehead, and another on the scalp, near the vertex. There are also three

or four slight bruises in the neighborhood of the right elbow. They do not indicate that she has been severely beaten.

Brain somewhat congested; in other respects natural. *Lungs* contained rather more than the normal quantity of blood (congested). *Heart* hypertrophied (simple); right ventricle and both auricles filled with coagulated blood. *Aorta* decidedly narrower or smaller than natural. *Liver* somewhat enlarged; fatty, flabby, and on section presents a somewhat nutmeggy appearance from venous congestion. *Spleen* natural. *Stomach* large, and not contracted. It contains 4 or 6 oz. of dark colored liquid, resembling coffee. Its mucous membrane is mammillated throughout. A narrow strip running along the great curvature from the pyloric orifice is brown in color and indurated in consistence. The surface of this strip is smooth and depressed below the level of the surrounding mucous membrane; indicating that its epithelial layer had been destroyed. Both *kidneys* are large and flabby, and their cortical substance is paler than natural. *Uterus* flabby, but partially contracted, and about 7 inches in its long diameter. Externally, its peritoneal tunic exhibits a red color, from congestion. The cervix uteri had not yet been completely obliterated by the tumefaction of pregnancy. The organ is empty. Its lining membrane is brown in color, and the place of the placental attachment is easily found. In short, it exhibits all the marks of recent premature delivery.

This woman, also, did not suffer from hæmorrhage; and the autopsy did not show that she had sustained any injury at the hands of her husband. Both the liver

and kidneys were diseased, and hence it is probable that her death was occasioned in pretty much the same way as it was in the case last related. She had also for a long time been the victim of a gastric catarrh, which was proved by the mammillated appearance of the gastric mucous membrane, and by the strip on the great curvature where the epithelium had been destroyed by chronic inflammation.

CASE VII.—*Pregnancy; convulsions; death; autopsy; morbus Brightii, apoplexy of the liver, etc.*

Ann O'Dare, aet. about 28, married, and advanced about seven months in her first pregnancy, began, July 19th, to complain of headache and pain in her back. On the 20th she vomited, and had pain in the abdomen. In the night, towards 11 o'clock, she was seized with convulsions, and died at 10 o'clock A. M. on the 21st, but little more than two hours after the attack. She is also reported to have been intemperate for several years, (more than five, at least.)

Autopsy 13 hours after death. There are several livid discolorations on the legs, circular in shape, and having the size of a franc piece. No other abnormity of the skin was observed. *Pupils both natural.* Tongue protrudes between front teeth. *Right lung* adherent at superior and posterior part. *Both lungs* are large in volume, and contain rather more than the normal quantity of blood, (congested.) *Heart* fatty, (1st variety), and rather large. Foramen ovale open to the size of a crow-quill. *Liver* rather large—light, straw-colored and waxy. The middle portion of convex surface of

the great right lobe, presents an unnaturally dark reddish brown color, through a considerable space. This discoloration has been produced by an extravasation of blood beneath the peritoneal and fibrous coats of the organ, (apoplexy). Furthermore, on making an incision into this part of the liver, the cut surface is found to present a singularly mottled appearance. Numerous reddish brown punctiform spots are thickly and evenly strewn upon a pale yellow ground. The greater part of the substance of the liver presents this appearance on cutting into it; but the remainder exhibits a uniform pale yellow color. *Spleen* natural. *Kidneys* enlarged, flabby and congested. *Stomach* distended with flatus, and contains about one pint of dark brown liquid. Its mucous membrane is mammillated at fundus; otherwise natural. Intestinal contents much diminished in quantity. *Uterus* contains a fœtus of about the 7th month. The tumor, externally, presents a congested appearance; numerous small red vessels are seen through the peritoneal covering, anastomosing with each other. I did not open the tumor, for I desired to make a preparation of it. The *bladder* contained a few ounces of urine, which was found to be loaded with albumen, on testing it with heat and nitric acid. The *brain* was not examined. The coroner's jury rendered a verdict of death by ecclampsia.

This case is interesting and important, on account of the light which it sheds upon the pathology of puerperal convulsions. The kidneys were enlarged, flabby and congested; and the post mortem urine was loaded with albumen. Here, then, was a case of uræmic pois-

oning, and thus were the convulsive movements occasioned. The apoplexy of the liver was a complication of great interest to the pathological anatomist, because it is met with but very seldom. By her intemperate habits she had engendered hepatic disease. When the convulsions occurred, the flow of blood from the hepatic vein was embarrassed, its radicles finally gave way, and extravasations occurred.

Case VIII.—*Fatal uterine hæmorrhage following premature delivery, which had probably been induced by criminal means; autopsy.*

An unmarried woman, aet. 20, and belonging to a respectable family, was taken sick on Monday night, September 29th, after returning home from Christy's Minstrels. On the following morning a physician was called in. He found her complaining of much pain in the back of a paroxysmal character, and not suspecting that she was pregnant (a great blunder), gave her treatment for lumbago, and among other things prescribed a blister for her back. On Wednesday night, October 1st, she had a miscarriage, as was subsequently ascertained at the Coroner's inquest, and gave birth to a fœtus of about the 4th month. It also appears that this occurrence was concealed from the physician. The miscarriage was followed by profuse uterine hæmorrhage, in consequence of which she sank and died about 7 o'clock on the following morning.

Autopsy 28 hours after death. Body very pale, waxen, and exsanguineous in appearance; embonpoint well preserved. Left pleural cavity contained 6 or 8

oz. of sero-sanguineous liquid. Right pleural cavity contained 4 or 6 oz. of similar liquid. The pleura pulmonalis on both sides presented a duller appearance than natural, but no plastic exudation was present. The heart and large bloodvessels were found to be nearly empty of blood, but otherwise natural. The lungs, liver, spleen and viscera generally, were much exsanguinated but otherwise healthy. The mucous membrane of the stomach and intestines was normal in consistence and exhibited a uniform pale color. The uterus was about five inches in its long diameter and exsanguineous. Internally, it exhibited the marks of a placental attachment, and contained some blood-clots. Its structure was normal, and it did not present any marks of violence. The uterine veins were empty. It is not known what means were employed to procure the abortion. The writer made the autopsy for the Coroner.

The several lessons taught by this case are so plain as not to require any comment. The physician cannot guard too carefully against being imposed on by patients.

Case IX.—*Abortion followed by metro-peritonitis; gastritis also present; death (speedy); autopsy.*

Mrs. S. M., aet. 31, a widow, residing in 8th Avenue, died after a brief illness, on the afternoon of March 29th. It was not suspected that she had procured an abortion, since she had carefully concealed her pregnancy from those with whom she lived, until a few hours before death. No physician was called in until

she was in the article of death. He quickly made a correct diagnosis.

Autopsy (by the writer), 52 hours after death. Rigor mortis slight. The areolæ about her nipples were large and dark colored. Their glandular bodies also were distinct. The lungs were somewhat congested, but otherwise natural. The right side of the heart was full of coagulated blood nearly black in color. The organ itself was natural. The peritoneal cavity contained more than one quart of sero-purulent matter. The effusion lying in the pelvic part of the peritoneal cavity contained a larger proportion of pus corpuscles than that found in other portions of said cavity. The convex surface of the liver was coated over with a thin layer of ashy yellow, soft and recently formed false membrane. There was a considerable quantity of new false membrane having the same color and appearance, upon the exterior of the small intestines, in some places agglutinating them. This exudation was less abundant about the large intestines. The uterus was about six inches in length, and flaccid. It contained a small quantity of bloody fluid, and bore the appearance of recent delivery. The marks of the placental attachment were found upon the posterior part of the body of the organ; said attachment was about $3\frac{1}{2}$ inches in diameter. The os and cervix uteri were gangrenous, being black in color, softened in consistence, and emitting the peculiarly offensive smell of mortification. On incision, a little pus was found in the uterine sinuses near the ovary but at no other point. The tissue of both the liver and the spleen were soft-

ened, but in other respects natural. The serous investment of the spleen was opaque. The coats of the stomach were much thickened by sero-sanguineous infiltration. The mucous membrane was reddish brown in color and softened throughout the organ. These results or consequences of the inflammatory process were all found to be most marked at the fundus, but were manifest in every part of the organ. Furthermore, the stomach was not contracted. Its muscular coat appears to have been paralyzed by inflammation before death. It contained a few ounces of dark greenish colored liquid. No odor of any poisonous or medicinal substance was detected. What agent did she employ to produce abortion? The inflamed condition of the stomach denoted that it was an irritating substance, and I, therefore, conclude that it may have been one of the essential oils. Thus this subject died from the combined effects of an acrid poison and abortion. The metro-peritonitis seemed to have been occasioned by the premature delivery.

Case X.—*Medico-legal examination of a woman charged with infanticide; signs of recent delivery found.*

Friday, January 9th.—By direction of an alderman acting as Coroner, I examined, at the 14th Ward Station House, the person of Margaret Morrell who was under arrest on the charge of having destroyed the life of her new-born child, (vide, infra, Case No. XV, for an account of the autopsy of the child.) The areola surrounding each nipple was 1¾ inches in diameter, brown in color, and the sebaceous glands

situated in it were enlarged and resembled small tubercles placed beneath the skin. The mammary glands were tumefied, knotty in feel, and milk or a milk-like liquid was readily squeezed out of each nipple. The walls of the abdomen were relaxed and flaccid, and the skin covering it was thrown into many small folds or wrinkles, running mainly in a vertical direction. The uterine tumor was distinctly felt through the abdominal walls. Its convex surface or fundus extended up to about half the distance between the pubes and the umbilicus. It appeared to be tender under pressure, for I noticed that she flinched during the examination of it. Said convex surface was smooth and rounded symmetrically. The inside of each thigh was stained with dried blood. Some blood or bloody fluid quite fresh in color and smell was flowing out of the organs of generation. The labia majora were swelled and smeared with blood. The os externum was much enlarged, as if by recent and wide dilatation. The walls of the vagina were relaxed, as if they had lately been extensively stretched. The os uteri was open and about ¾ths of an inch in diameter. Perhaps its breadth was somewhat greater. The sanguineous discharge proceeded from the uterus. The index finger of the right hand being placed on the os uteri and the fundus grasped with the palm of the left hand through the relaxed walls of the abdomen, the organ could be felt and moved between them.

The reader will observe that in this case the signs of recent delivery were well marked and incontestible, and that said case, for this reason, is especially valuable in

a medico-legal point of view. The writer has therefore deemed it his duty to place it upon record.

Case XI.—*Autopsy of a still-born fœtus of full term, Oct.* 28th.

At the 11th Ward Station House I made a post-mortem examination of the body of a female infant which was found this morning wrapped up in some old rags, and lying dead in a ship yard at the foot of 3rd Street, East River. The appearance of the cadaver was that of a still-born child. Its size and development in other respects denoted that it had reached the full period of utero-gestation. Its tongue lay within the gums in a natural manner. Its skin was everywhere more or less thickly coated over with the cheesy substance which is commonly seen on the bodies of new born infants before they are washed. Its skin was also stained extensively with blood and mucus as the bodies of new born infants often are in cases of protracted and difficult labor. The umbilical cord has not been divided. The fœtus is attached to one extremity, and a normal looking placenta to the other. The cadaver does not present the appearances which are occasioned by death from asphyxia, on the one hand, or death from hæmorrhage, on the other. The lungs closely resemble the fœtal liver in both color and texture. They are small in size, firm and fleshy in full, and do not crepitate under pressure nor under the knife when cut into. They nowhere present the light red color and the inflated pulmonary vesicles which are readily seen after respiration has been established and the pulmonary tissue has been expanded

with air. They contain about the quantity of blood that is usually found in fœtal lungs. When placed in water with the heart and thymus gland attached, they sank to the bottom. But pieces of them, when placed in water, sank only down to or just below the surface. They did not sink to the bottom of the vessel. This partial buoyancy I supposed to depend upon the presence of gases generated in the pulmonary tissue by decomposition. Every part of both lungs presented the same appearance as the parts which are affected with atelectasis in children who have respired. There were no striking signs of decomposition upon the exterior of the body, such as loosening of the cuticle, etc., although the odor of decomposition was well marked. Ductus arteriosus and ductus venosus unchanged.

I expressed the opinion that this fœtus was still born. Another physician, however, thought differently, but he did not state the grounds upon which his conclusion was based, and I am under the impression that he could not furnish reasons for such an opinion, which would be considered satisfactory by the members of the profession generally.

Case XII.—*Fatal Hæmorrhage from the Umbilical Cord, probably occasioned with a homicidal intent; autopsy.*

June 18.—The writer made, at the 17th Ward Station House, a post-mortem examination of the body of an unknown, new-born male infant that had been found by a policeman exposed in a vacant lot. It was that of a fine, healthy fœtus, born at full term, and in a good state of preservation. It presented a pale

and exsanguinated appearance, when taken as a whole. There were slight traces of post-mortem discoloration on the face and anterior surface of the body, but none on the back and posterior part of the body, which had probably been occasioned by the cadaver's lying on its face. The lungs had uniformly a clear, pale pink color, and were well expanded. The air vesicles could readily be seen, on close inspection, to be well dilated. I have seldom seen infantile lungs so free from atalectasis. They crepitate throughout under pressure.

The heart, blood vessels, and organs generally are almost completely *exsanguinated*, but in other respects natural in appearance. The *umbilical cord* had been divided by a cutting instrument about four inches from the body, but *not tied.* It presented a fresh appearance. The stomach contained some semi-transparent mucus, and the large intestines were filled with meconium. No marks of violence were found on any part of the body after careful search.

That death had been occasioned by hæmorrhage, I have no doubt; and said hæmorrhage must have taken place from the open mouths of the umbilical vessels. The ease with which the bleeding might have been arrested by tying the cord, induces the belief that it had been procured with a criminal intent. The body may have been placed upon its face soon after death, with a view to avoid the pallor and waxen appearance of the face, which are always present in cases of death from hæmorrhage.

CASE XIII.—*Infanticide by Strangulation; autopsy.*

Friday, January 30th.—The writer made a *post-mortem* examination of the body of a male infant, at the First Ward Station House, by direction of the Coroner. The body is that of a new born child of full term, and exhibits no marks of decomposition. The placenta is still attached by the umbilical cord.

The face is dusky in color, the lips livid, and the tongue is thrust out between the gums, as it would be if the child had been choked. There is a spot of ecchymosis on each side of the neck, over the sterno-cleido-mastoid muscle. *Head.* Some diffuse extravasation of blood is found beneath the scalp on the posterior part of the head and lying more on the right than on the left side of the median line, said extravasation having probably been occasioned by the tumefaction of the scalp which occurred during the passage of the head through the inferior strait. The situation of the thrombus indicates that the head presented in the first, or the left occipito anterior position. The cranial bones are natural. The brain is congested throughout, otherwise natural. The lungs are lighter in color and larger in volume than in the fœtal state. They are spongy in structure, crepitate under pressure, and air vesicles (inflated), can be seen on close inspection. They float in water with the heart and thymus gland attached. Each lung floats in water after having been subjected to strong pressure in a dry cloth. Each pulmonary lobe presents the same phenomenon. The livid spots on each side of the neck prove to be genu-

ine ecchymoses on cutting into them. Beneath that on the right side of the neck some blood has been extravasated into the tissue of the sterno-mastoid muscle. The larynx and trachea seemed to be natural. The heart, liver, stomach and intestines were also natural. The large intestines are filled with meconium. The stomach contains some air or gas and about six drachms of glairy-looking mucus. The bladder contains some urine.

This infant was probably strangled soon after it was born.

Case XIV.—*Infanticide from Suffocation accidentally produced by overlying; autopsy.*

Mrs. O'B.—a person of intemperate habits—was found about 11 o'clock, on the morning of November 11th, lying drunk on her face, on the floor of her room, with her youngest child, a boy almost three months old, lying on its face beneath her, dead, with its arms extended. The women who discovered the deceased, testified, before the Coroner, that there was a bruise and the impression of the carpet (a rag one) on its forehead, that its nose was flattened and looked as if it had been pressed firmly against said carpet, when they picked it up. About three-quarters of an hour before the casualty was discovered, Mrs. O'B——— was seen sitting in a rocking-chair, nursing her child. When found lying on the floor she was near this chair, from which she had, probably, fallen in a helpless condition.

Autopsy about twenty-five hours after death. Age of deceased *two months and three weeks.* The marks of a

recent bruise was found on the forehead, above the right eye. On the forehead, also, but to the left of the bruise the skin was discolored and creased, and looked as if it had been firmly pressed against such a carpet as covered the floor of the room where the casualty occurred. This impression made by the carpet on the forehead lay more on the left than on the right side of the median line. The nose was considerably flattened, and pushed somewhat towards the right side. It also looked as if it had been firmly pressed against said rag carpet. The tongue was found to be thrust forward between the gums, but did not protrude beyond the lips. No other marks of violence were found. The surface of the body generally, was rather pale.

Head.—The *brain* and its membranes were congested with venous blood, but not in a high degree.

Thorax.—Both *lungs* exhibited the results of passive congestion. Their volume and weight was increased, and their color darkened, because they contained more than the normal quantity of blood. They exhibited a higher degree of congestion than the brain. The venae cavae and right side of the heart were full of blood, while the left side was comparatively empty. The *heart* itself was natural. The foramen ovale was not yet entirely closed. The opening, however, was small. The ductus arteriosus was obliterated and shrunken down to a mere cord.

Abdomen.—The *liver* was congested with venous blood. The *kidneys* were lobulated in shape, a circumstance which usually obtains in young children, and congested with venous blood. The stomach and in-

testines exhibited no special abnormity besides venous congestion.

The foregoing case is an important one for the purposes of medico-legal science, because every point in its history is clear and free from all obscurity and doubt, and because the post-mortem appearances which are produced by death from suffocation, were well worked and typical in character.

CASE XV.—*Infanticide effected by exposure to cold, etc.; autopsy.*

Friday, January 9.—I made a post-mortem examination of the body of a male infant at the 14th Ward Station House to-day. The cadaver was that of a new born child delivered at full term and quite "fresh looking." About one foot of the umbilical cord remained attached to the body. It was not tied. It had been divided by some kind of cutting instrument (such for example, as a scissors). On dissecting off the scalp a dark-colored spot, resembling a bruise, was found in the cellular tissue over the frontal bone on the left side of the median line and near the coronal suture. The *brain* was natural in every respect. The *lungs* were pale red or pink in color, and expanded by the introduction of air. They crepitated throughout their whole extent under pressure between the fingers, and floated in water on application of the hydrostatic test. They floated with the heart and thymus gland attached. The pulmonary cells in the inferior lobe of the right lung were not so thoroughly dilated or expanded as those in the other portions of both lungs. This lobe

was somewhat darker in color, and the crepitation, though evident enough, was not so loud and distinct as in the remaining portions of both lungs. The *heart*, *liver*, *stomach* and *intestines* were natural. The lower part of the intestinal canal was discolored by the meconium it contained. The urinary bladder was empty. While making an incision for the purpose of opening the abdominal cavity, the umbilical vein was accidentally divided, and considerable blood flowed therefrom. This circumstance shows conclusively that death was not occasioned by hæmorrhage from the cord, although its end was not secured by ligature.

The unnatural mother in this case destroyed the life of her offspring by throwing it naked into a privy in cold winter weather. It did not fall to the bottom of the vault, but was caught upon a shelf or ledge in the upper part thereof, as I was informed. Its cries were heard after it was thrown into the privy, but it was quite dead when rescued therefrom. Its life was destroyed by exposure to the cold, and by the noxious exhalations of the privy, but mainly by the operation of the first named cause.

Case XVI.—*Extravasation of Blood within the Cranium occurring in a New-Born Child; Compression of the Brain; Death; Autopsy.*

On the night of Thursday, August 5th, about 11 o'clock, a fresh-born female infant was found exposed and naked in the vault of a privy belonging to a house in Mercer street, where it had been thrown for the purpose of concealing its birth. Attention was attracted

to the little being by its cries. In a few minutes it was removed from its perilous situation. A physician saw it, and finding the umbilical cord not tied, applied a ligature. The cord did not bleed. Its free extremity looked jagged as if it had been torn asunder. On making search its unnatural mother was found, and the next morning she, with the infant, was sent to the City Prison. During the day, (Friday) the child appeared to be "pretty smart," according to the statement of the physician of the prison. But, on the next morning, (Saturday) it was seized with convulsions. The doctor noticed some bruises on its head. About 2 o'clock P. M., it died in a convulsion.

Autopsy 22 hours after death. Cadaver presented the appearance and odor of incipient decomposition. The cuticle was loosened on the breast. The umbilical cord was exsiccated and contained in the proper dressing. The scalp exhibited the marks of a bruise over the frontal bone on the left side near the coronal suture. The scalp was bruised in two other places in the left parieto-occipital region. On removing the calvarium and the dura mater, the surface of the middle and posterior lobes of the left hemisphere of the cerebrum were found to be smeared over with extravasated blood. The sulci of the convolutions were also filled with it in the same locality. Some extravasated blood was found at the base of the cerebellum on each side, together with an abundant quantity of bloody serum. The substance of the cerebellum appeared to be somewhat softened. No other evidence of inflammatory action was found. The skull was not fractured.

Each pleural cavity contained a small quantity of bloody serum. The lungs were well expanded, crepitant, etc. The upper lobe of the right lung was less crepitant than the other portions. The ductus arteriosus presented a shrunken and wrinkled appearance. Its calibre had undergone considerable diminution.

The stomach was contracted and nearly empty. The intestines were empty of meconium, and presented a pale color externally.

The extravasation of blood upon the brain which was found in this case was probably occasioned by the injury the head had sustained. Some of the vessels of the pia mater on the left hemisphere were lacerated by the same force which contused the scalp. At first the extravasation was small in quantity, and amounted to but little more than ecchymosis. When convulsions occurred, the vessels of the brain became congested, and the hæmorrhage returned, in great quantity. Thus the brain was compressed and life destroyed.

332 Sixth Avenue, New York, March 1, 1867.

Art. 2.—*Death from Chloroform on its Third Administration.* Reported by H. A. Dubois, M.D., Assistant Surgeon, U. S. Army.

Mr. D——, a citizen employé of the Government, aged about 35 years, applied to me, October 28th, to remove a testicle, stating that he had suffered much from its diseased state. On examination I found one

testicle greatly enlarged from scrofulous disease; an incision gave exit to a quantity of pus, and after treatment for some time, I removed a fungous growth, together with a greater portion of the testicle, by Syme's operation. The wound healed kindly, and in less than a month he was discharged, cured. Chloroform was used in the above operation. It required some two ounces to bring him under its full influence; he struggled violently, requiring several assistants to hold him, and he had a number of severe tonic spasms. January 31st, he again presented himself. The other testicle, on examination, was found to have taken on the same disease. He continued under treatment until February 6th, when finding that several incisions that I had made to give exit to pus, and with the hope that a similar action to that observed in the other testicle would take place, had failed to produce the desired result, I placed the patient under the influence of chloroform for the second time, and on laying open the scrotum, I found the testicle so much diseased as to necessitate the removal of the entire organ. The cord was also much disorganized, and instead of tying the arteries separately, I found it advisable to include the greater portion of it in two ligatures. The patient came under the influence of chloroform with little difficulty, though with more than is ordinarily observed, and only a little more than the usual quantity of chloroform—about ℥ss—was used. The wound healed to a great extent, though one ligature remained firmly held after two weeks. He complained of but little pain, though once or twice the scrotum presented appearances

of erysipelas, which caused me to place him under the influence of Tinct. Ferri chl.

February 23d, finding the remaining ligature still firmly held, and efforts to remove it causing considerable pain, I sent for chloroform, and putting about one drachm on a small towel, loosely folded in the form of a cone, and with the apex well opened, I proceeded to put him under its influence. He stated in answer to a question before losing consciousness, that he was coming under its influence easily, and that he hoped he would not cause as much trouble as he had done before. He breathed well and appeared to be rapidly becoming affected. The second stage coming on, he threw his arms about so that it required an assistant to hold him, though not to the same extent that one frequently sees; the breathing suddenly becoming stertorous, the chloroform which had been renewed once to the extent of one fluid drachm was discontinued. The patient was lying on his bed and I was watching the face attentively, to notice the moment when the eyelids should show by their relaxed condition that the patient was sufficiently under the influence of the anæsthetic to perform the trifling operation required. The stertorous breathing was followed by a spasm, causing the body to assume the condition of opisthotonos and to slide down in the bed; the face at the same time assumed a peculiar expression, which, though it is impossible to describe, at once alarmed and caused me to throw water on the face and abdomen. The limbs now became perfectly relaxed, the spasm having ceased. The convulsion lasted, I should judge,

about half a minute. I noticed that the breathing was gasping, and that he inspired at long intervals; and I at once seized the tongue and drew it forcibly out of the mouth and commenced artificial respiration; sent a patient for ammonia, another for a magneto-electric machine which I had in an adjoining room, and a third for hot water, while I examined the heart, which I think was acting but feebly. The men having only to go a few yards, returned in less than a minute. I applied the ammonia to the nostrils and over the region of the heart, threw hot water over the abdomen, and cold water over the chest and face, in the hope of restoring the breathing; set one man to rubbing the chest over the region of the heart with ammonia, another to keeping up artificial respiration, while I, after passing my finger back to ascertain that the epiglottis was raised, passed a strong current of electricity through the heart, by applying one pole to the chest, and the other to the spinal column. I also passed currents through the throat from side to side, and through the length of the spinal cord. A few gasping respirations took place at some length of time from each other, but death had taken place. I examined the heart but could detect no sounds, but still continued for at least ten minutes all the means of resuscitation, but without any effect, as the whitened condition of the tongue and scrotum convinced me.

I enquired of some four or five of the patients of the ward the length of time they thought it was between my commencing the administration of chloroform and of throwing water on the face; they differed in their

estimates from 5 to 7 minutes. After leaving the ward I proceeded at once to examine the chloroform used, which I ascertained to have been manufactured by Dr. Squibb and to have been put up in tin cans. It contained no free chlorine as indicated by nitrate of silver, no penta-chloride of formyl (C.2 H. Cl.5) as indicated by oily globules, no hydro-chloric acid as indicated by test papers; red and blue litmus retaining their color unchanged, and on evaporation the odor was that of pure chloroform. The fact of the purity of the chloroform being established, I proceeded at the post mortem, which was made four hours after death, to search for any disease capable of accounting for death, but found only a slight accumulation of fat over the pericardium and on the surface of the heart. The pericardial fluid measured about one ounce, the left ventricle was firmly contracted and almost entirely empty, only a slight clot being observed. The right was flaccid, containing a moderate quantity of blood, and the auricle was largely distended. The aorta was observed to be slightly larger than usual. The lungs contained a few hardened tubercles near their apices, and at the apex of the left a well marked cicatrix was observed. The heart's structure was firm, and that organ together with the kidneys, were reserved for microscopic examination. The kidneys were congested and measured seven inches in length by about four in width and resembled much the larger red kidney described by Bright. The spleen, greatly enlarged, measured nine inches in length by five in breadth. The liver increased slightly in size and of normal consistence, while the

lymphatics were also slightly enlarged. The spermatic cord was found diseased for about two inches, and the ligature nearly ulcerated through. On removing the skull cap there was observed to be a considerable quantity of fluid effused between the dura and pia mater, and also between the latter and the arachnoid. The former quantity I should estimate at six drachms to one ounce, while the cerebro-spinal fluid amounted, I should judge, to some four ounces. I cannot be accurate, as I did not collect and measure either.

Cause of death. Death was not caused by occlusion of the glottis, as almost the first thing I did was to pull out the tongue and pass my fingers back to the epiglottis. Was death caused by any disease of the heart? The heart was healthy, except the slight increase of fat on its surface and on that of the pericardium. Would the condition of the kidneys assist in explaining the cause of death? I think it would. The patient had lost flesh and strength from the commencement of his disease, and complained of pain in the region of his kidneys frequently, and at the time of his second admission he was suffering from an attack of "Dengue," "La Grippe," or break-bone fever. I did not examine his urine for albumen during his disease, as I should have done if my attention had been directed to the kidneys. Perhaps the chloroform acting on blood already overcharged with excrementitious matter may have produced the convulsion observed, and caused the effusion, which latter may have been the immediate cause of the cessation of the heart's action; though it is possible that the over-loaded blood, when charged with chloroform, acted

directly on the heart so as to cause paralysis of that organ, and the effusion may thus be considered as following and proceeding from such direct action of the anæsthetic. The former view seems to me to receive support from the fact that the heart ceased beating after the convulsion observed.

This case is of interest from the rapidity of death. The patient laid down a newspaper which he had been reading to inhale the anæsthetic, and in from five to seven minutes he was dead. From the fact that the chloroform used was perfectly pure; from the quickness with which a variety of means were employed to bring about resuscitation, such as galvanism, the use of hot and cold water, artificial respiration, ammonia, and the forcibly pulling the tongue out of the mouth; from the disease of the kidneys, and the effusion between the membranes of the brain, would it not be well to pay attention to the condition of the kidneys and the other eliminating organs before using chloroform, and should we not rather substitute in our ordinary practice ether, reserving the former anæsthetic for such cases as require more power in the agent used and where the increased danger is more than compensated for by the advantage obtained?

Note.—Owing to the accidental loss of the heart and kidneys which I had reserved, I was unable to examine either microscopically, or to ascertain the effect of galvanism on the former.

Fort Union, N. M., March 7th, 1867.

ART. III.—*On the Subcutaneous Use of Sulphate of Morphiain Cases of Malarial Neuralgia.* By E. C. SEGUIN, M.D., Resident Physician, New York Hospital.

THE following cases are taken from the Medical Case-Book of the New York Hospital, to illustrate the effect of quinine injected hypodermically over the seat of pain in neuralgias, due to blood poisoning by malaria. Previously to December, 1866, all such cases had been treated by means of quinine and iron given internally, and blisters put over the affected part. The success of this, the ordinary plan of treatment, as may be seen in cases 1, 2, and 6, was hardly satisfactory. From three weeks to three months seems to have been the usual time of hospital residence.

The first case related had already been under treatment for five weeks without benefit, when Dr. Wm. H. Draper, the attending physician on duty, directed the injection of quinia in the manner to be described. The success obtained exceeded our most sanguine expectations; in four days the pain was relieved, and in four more a complete and permanent cure was effected. Thirteen injections of M. xvii, each, had been employed; some swelling, induration and tenderness remained where the medicine had been introduced, but these soon disappeared.

The solution employed was the one that for more than two months we have been using hypodermically in cases of malarial fever, and was made from the following formula:

Take of sulphate of quinia, 60 grains. Dilute sul-

phuric acid, 40 minims. Distilled water, 1 fluid ounce. Mix, make a solution and filter with the greatest care.

Thirty-five minims are equal to 4 grains of quinia.

Or the solution may be varied by the addition of 4 or 6 grains of sulphate of morphia. This combination renders the injection less painful.

The injections were given in the following manner: A fold of skin being taken up and firmly held between the thumb and forefinger of the left hand, the point of the syringe was introduced at the top of the fold, where a partial anæsthesia had been induced by the pressure; the needle being put in its full length, the solution was forced in gradually as the needle was withdrawn, so as to throw the liquid as much as possible into the track of the wound, and to cause the least rupture of the surrounding connective tissue. After taking out the syringe, a little circular friction was generally used with the view of assisting absorption. The slight hæmorrhage sometimes following the operation was easily controlled by finger-pressure.

The immediate effect of such an injection is a pretty severe burning pain felt in the part, due, most probably, to the acid and irritating property of the solution. This pain usually passes off within twenty minutes. Within two hours after the depositing of the injection under the skin, some swelling and induration of the part begin to show themselves, without heat or redness, and apparently owing to the occurrence of a fibrinous exudation. Usually, in the course of a day, this induration reaches its maximum, and afterwards decreases

slowly and disappears within the fortnight. Sometimes, in delicate tissues, or where the injection has been given hastily, some degree of ecchymosis makes its appearance in the course of two days. Later, the therapeutic effect of the medication shows itself in the arrest of the pain and hyperæsthesia, followed, in some instances, by slight though distinct local anæsthesia. No abscess or other unpleasant consequence has followed any of the seventy-eight injections used in these six cases.

The *modus operandi* of the hypodermic injections of quinia may be said to be threefold. 1st. By absorption of the drug into the general circulation, whereby it obtains its specific effect tending to the removal of the cause of the neuralgia. 2d. By the direct therapeutical action of the quinia upon the nerves and cellular elements of the part affected. 3d. By pressure; a purely mechanical effect of considerable importance, due to the large quantity of fluid used and to the amount of exudation thrown out.

Case 1.—A———, a seaman, aet. 30, was admitted November 8, 1866. Has had intermittent fever (contracted in Aspinwall) more or less for four weeks; last chill being on the 6th inst. Has suffered from pain over spleen; evidently a neuralgia affecting the lower intercostal nerves. The spleen itself is a little enlarged and tender on deep pressure. Patient is considerably cachectic. Quinia and chalybeates ordered. Locally, dry cups, tinc. iodine, and blisters are applied. Dec. 13. Has had no chills, but neuralgia is about as severe as at time of admission. Ordered a pill of quiniæ

sulphat, gr. ij.; and bellad. extract gr. ¼.; to be taken thrice daily.

Dec. 19. Pain is no less; sharp and nearly constant in left hypochondriac region. Stop pills: continue quiniæ sulph., gr. ij. ter in die, and the iron. Ordered local injections of M. xviii solution of quinia, night and morning. Dec. 23. No pain to-day. Continued one injection a day. Dec. 28. Stop injections, as pain has not returned. Continue internal treatment. Jan. 7. Patient is discharged cured.

Case 2.—M———, a seaman, aet. 29, admitted Nov. 2, 1866. During the last two months patient had quotidian intermittent fever, contracted in Aspinwall. From the first has had more or less pain over the region of spleen, running towards the epigastrium; of late the pain has been quite severe. Patient is cachectic and weak. Ordered quinia in sufficient doses to arrest chills; the citrate of iron, together with good food, and ʒviii sherry wine. Nov. 19. There is much general improvement, but pain in left side is about the same. Spleen is hardly enlarged. Ordered a blister locally; stop quinia, but continue iron. Dec. 12. Blisters have since been repeated, but pain remains the same. Ordered solution of quinia M. xviii injected over seat of pain twice a day. Dec. 15. Neuralgia is gone from the side, but last night patient was seized with a severe hemicrania of left side. Continued injections and the iron; ordered quinia gr. ij. ter in die. Dec. 20. Injections are now given in shoulder near neck. Dec. 28. Hemicrania well; no return of pleurodynia

and no chills. Stop injections. March 2, 1867. Patient has remained on account of sore throat and conjunctivitis. Is to-day discharged cured.

Case 3.—C———, a seaman, aet. 31, admitted February 1st, 1867. Patient eight months ago had a severe attack of intermittent fever. He contracted a diarrhœa at Aspinwall one month ago. Soon after, he began to complain of a severe paroxysmal pain in the epigastrium. On admission, the diarrhœa has ceased, but the pain and tenderness continue in the skin over the upper part of the abdomen. There is also decided tenderness developed by pressure on the sixth and seventh dorsal vertebræ. February 30. Ord. M. xxxv of solution of quinia injected in epigastrium. As patient is decidedly cachectic, he takes bark and iron, with quinia gr. ij ter in die. February 8th. Yesterday neuralgia had ceased: the injection is reduced to M. xviii. Feb. 11th. Has no pain; stop injections, but continue internal remedies. March 2d. Is now well. Some induration still remains where injections were put in. Discharged cured.

Case 4.—Same patient re-admitted April 12th. He went back to Aspinwall, and three weeks ago the pleurodynia returned, locating in the epigastrium, and the entire right side of chest up to clavicle. Patient is quite cachectic, but the spleen is only a trifle large, and the liver normal in size. The pain is rather worse at night, but there is no febrile movement. Ord. calomel gr. x. followed by ℥ Jol. ricini. April 14. Ord.

quinia gr.ij thrice daily, and mixture of bark and iron. Also a hypodermic injection of quinia gr. iv (M. xxxv) every morning over seat of pain. April 16th. Pain has ceased; continued treatment. April 18th. Injections stopped. May 4th. Patient has had no return of pain. Subsequent to the arrest of the neuralgia he had an attack of dysentery and one of gout; both easily mastered. Is to-day discharged cured.

Case 5.—S———, a seaman, aet. 32, admitted April 10th, 1867. Patient comes from a Southern port. Has had no recent attack of malarial fever. For last three months has suffered from a severe pain in the right side of back, running up to shoulder. The liver is slightly enlarged; there is no pleurisy. General condition is good. Ordered house mixture of bark and iron and an injection of M. xxxv solution of quinia each morning about angle of right scapula. April 30th. Hypodermics stopped. Patient has none of his pain. A stitch occasionally is felt in various parts of the chest. May 3d. Is discharged cured.

Case 6.—S———, a seaman, aet. 46, admitted April 23rd, 1867. About five weeks ago patient had quotidian intermittent, which was contracted in a Southern port. He only had a few paroxysms when there appeared a sciatica of the left thigh, which has continued till now. Patient states that he never had rheumatism, but that one year ago he had a severe attack of Aspinwall fever.

[In August, 1865, this same man was received into

the house with a similar sciatica, contracted in the same manner, which resisted the ordinary anti-rheumatic treatment three months (by means of colchicum, iodide of potassium and blisters), and finally yielded to quinia and iron, internally given.]

Patient is ordered the mist. ferri et cinchonæ of the house, and hypodermic injections of quinia gr. iv. in morning over course of left sciatic nerve, beginning above. May 1st. Almost no pain in thigh. Patient complains of anæsthesia along course of nerve below injections; some pain remains below the knee; continued treatment. May 4th. No more injections since yesterday; neuralgia is substantially cured; continue tonics; May 7th. Complains of some pain in right sciatic nerve. May 13th. Had two injections of M. xxxv over right nerve, and pain ceased. To-day sent out cured.

In looking over these cases some instructive points are seen. No doubt can be reasonably entertained as to their nature, without calling into question the existence of the class of malarial neuralgias. These men were all seamen in the Southern trade, some going as far as Aspinwall; they had all suffered from remittent or intermittent fever before the coming on of the pain; in every one the malarial cachexia was present; they were all, with one exception (case 4), free from the rheumatic taint; in all but case 6, the disease affected the branches of the intercostal nerves, the lower ones by preference; and in these cases careful examination failed to reveal pleuritic effusion or friction sound. In all instances there was marked hyperæsthesia of the

integuments over the seat of pain, in none anæsthesia. In only two cases (3 and 4) was tenderness found over the spinal processes corresponding to the origin of the involved nerves (*apophysal point* of Trousseau). In case 2 a complete metastasis occurred from the left hypochondriac region to the left side of the head and face; and in case 6 from the left to the right sciatic nerve. In none of these cases was the pain intermittent, nor was it ever of the same intensity during the twenty-four hours, being usually more distinct in the afternoon.

As to the merits of the plan of treatment, to say that it is specific would be a reckless assertion. To deny its very great efficacy would be to reject the testimony of the above cases. That the internal administration of quinia and iron must be kept up during the treatment by injections, and continued for some time after the pain has ceased, is evident from a consideration of the pathology of the disease; and that the above named remedies alone will cure this form of neuralgia is not denied, but the history of the first attack of case 6 in 1865, and the account of the beginning of cases 1 and 2 show how often blisters may be applied, and how long tonics may be given without alleviation of the symptoms.

ART. IV.—*Inflammation of the Uterus. (Being a Translation from the German of "Klob on the Pathological Anatomy of the Female Sexual Organs.")* By JOSEPH KAMMERER, M.D., and B. F. DAWSON, M.D., New York.

THE inflammatory processes to which the uterus is subject, affect either its *muscular substance, its mucous lining, or its peritoneal covering.* The latter will be discussed with anomalies of the uterine ligaments and peritoneum.

INFLAMMATION OF THE MUSCULAR SUBSTANCE OF THE UTERUS, METRITIS.

Inflammation of the substance of the non-gravid uterus seems to be one of the rarest affections to which this organ is liable, and if some uterine pathologists doubt the existence of such a disease, and explain the cases diagnosed as metritis, as cases of perimetritis, pathological anatomy, considering the small number of semi-authenticated post mortem cases, must pronounce upon it with some reservation. I have not met with a single case, which with any degree of certainty, I could pronounce to be one of genuine metritis, and I therefore borrow the following description from other authors:

In acute parenchymatous metritis the uterus, especially in its upper third, is found to be enlarged (even to the size of a goose's egg), thickened anteriorly and posteriorly, and reddish or bluish red, in some places more than others. The substance of the uterine walls is very succulent, and marked with small extravasations, and a viscid fluid can be expressed from it containing free nuclei and a small quantity of pus corpuscles. In many cases the uterine tissue may be so softened as to occasion larger extravasations with destruction of tissue. The mucous membrane of the fundus and body is vascular, reddened and relaxed; that of the cervix is generally normal. The vaginal portion of the uterus is tumefied, œdematous and eroded, and the papillæ are sometimes distinctly prominent.

The most obvious alterations in the inner layers of the uterine substance resulting from acute parenchymatous metritis occur in that portion of the organ which contains the largest amount of *connective tissue*; the inflammatory action generally extends outwards, giving rise to *perimetritis* and *pelvic peritonitis*, and is frequently combined with *encolpitis*, *metrosalpingitis*, and *oophoritis*.

Acute parenchymatous metritis may terminate, 1st, in resolution with absorption of the exudation and a return of the uterus to its normal size; 2d, in consequence of the inflammatory action, proliferation of connective tissue may ensue resulting in permanent enlargement or induration of the substance of the uterus; 3d, as it is incorrectly stated, acute metritis may become chronic, and chronic engorgement be developed.

Kiwisch makes three distinct forms of parenchymatous metritis; 1st, metritis with œdema of the uterus, which according to his description may be considered as hyperæmia with intumescence from transudation; 2d, metritis with increased firmness of tissue, or acute infarctus of the uterus, and finally, 3d, hæmorrhagic metritis.*

A further termination of parenchymatous metritis is the extremely rare formation of an abscess in the substance of the uterus. Bartholin's observation (the uterus of a girl 13 years old, filled with ulcers) does not seem to belong to this class; but Reinmann (in Voigtel's work) describes an abscess of the uterus which opened externally through the abdominal walls. Scanzoni also observed an abscess, the size of a goose's egg, in the right circumference of the fundus uteri, which ruptured into the peritoneal cavity. Bird (*Lancet*, Feb. 1844),

* Any one unprejudiced must be struck with the uncertainty of the great gynæcologist in his description of metritis and his rather unsuccessful attempt at classifying it. His description of serous metritis is deficient of all anatomical requisites of inflammation; in "acute infarctus," an analogy to chronic infarctus was intended, which latter he was unwilling to drop; for he (Kiwisch) says, that the more acute the affection (that is, metritis with increased firmness of tissue) the more relaxed the uterine tissue is found. Finally, hæmorrhagic metritis is nothing else but acute uterine catarrh with hæmorrhage.

describes a case in which an abscess situated in the posterior wall of the uterus, opened into the rectum.

The directions in which a uterine abscess may perforate, vary, of course, according to its situation; it may open inwardly into the uterine or vaginal cavity, or outwardly. If adhesions exist between the uterus and neighboring organs, the abscess may perforate externally through the anterior abdominal wall, or into the bladder, cæcum, ileum, and sigmoid flexure of the colon, or the pus may burrow between the folds of the broad ligaments into encysted portions of the abdominal cavity (recto-uterine or vesico-uterine spaces); or lastly, it may pass directly into the peritoneal cavity, which latter occurrence is always followed by general peritonitis. A uterine abscess may also cause death from metastatic processes, or the long duration of the purulent secretion may exhaust the patient.

Acute parenchymatous metritis generally arises from acute catarrh of the uterus.

INFLAMMATION OF THE MUCOUS MEMBRANE OF THE UTERUS.

The inflammatory processes occurring in the non-gravid uterus are various, and we may distinguish as the chief forms of such processes, *catarrhal* and *croupy* inflammation. To this I will add the anatomical description of the so-called *membranous dysmenorrhœa*, as I am persuaded that this morbid process is more an inflammatory derangement than any other. Catarrhal inflammation of the uterus, as elsewhere, is divided into the acute and chronic form.

ACUTE CATARRHAL INFLAMMATION OF THE UTERUS.

Acute catarrh (catarrhal endometritis) affects the whole mucous membrane of the uterus, but chiefly that of its body and fundus, whilst that of the cervical canal is rarely affected.

In this affection the mucous membrane of the body and fundus uteri may be so intensely injected as to ap-

pear dark red, tumefied and velvet like; the utricular glands, however, are not so much elongated as during menstrual fluxion; the membrane is also so softened that it may readily be removed, or scraped off with the handle of a scalpel. In the higher degrees of this disease small round striated extravasations are seen scattered over the mucous membrane as dark red spots.

The mucous membrane of the cervix uteri is more injected than swollen where it covers the turgid follicles; that of the vaginal portion of the uterus is generally of a darker red. In virgins the os uteri is transformed into a small round depression, owing to the tumefaction of the vaginal portion, the mucous follicles of its lips are enlarged and frequently have small erosions between them, and the papillæ of the vaginal portion are visible to the naked eye, especially at the edges of the above mentioned erosions.

The whole uterus generally appears to be increased in substance, and its tissue more vascular and succulent, especially in the layers nearest the mucous membrane. The cervix, beyond increased succulence, hardly exhibits any alteration, whilst the vaginal portion is hyperæmic, tumefied and œdematous, and sometimes of a spongy softness.

At the outset of inflammation, the mucous membrane of the body and fundus uteri secretes a thin clear mucus, which, as the inflammation progresses, becomes viscid, thick and turbid from the admixture of desquamated epithelium. In regard to the latter, it is necessary to state that in many cases the glandular utricular follicles cast off their entire cellular coverings, which latter are found in the mucus as collapsed casts. Nylander and Virchow have observed a similar expulsion of the whole contents of glands during menstruation, and I have repeatedly found the same in various tumefactions of the uterine mucous membrane. Finally, the color of the secretion changes to yellowish or yellow, and from the admixture of purulent elements it becomes cream-like.

It is different with the secretion of the cervical portion; its glands at the outset of the inflammation undoubtedly secrete a larger quantity of, and a thicker mucus, Nabothian vesicles are developed and the fluid contained in them presents the turbid cloudy appearance previously mentioned, finally becoming whitish or white. If the inflammatory process increases in intensity, the mucus becomes deliquescent, and on opening such a vesicle its entire contents flow out like water in which the cloudy turbescence appears in streaks. These vesicles, however, burst spontaneously, and the hypersecretion of the cervix becomes very fluid and finally purulent. In no other secretion do we so frequently and distinctly observe a so-called *cellular halo* (cells having no investing membrane). Kölliker and Scanzoni sometimes also found a few fungi with round branches, similar to those seen in fermenting liquids, and isolated vibriones. I must not omit mentioning that the cells of the secretion are often disposed in rows like strings of beads.

Acute catarrhal endometritis rarely or never occurs before puberty; after that time however, it is quite frequent. Duparcque states that, in females who have sexual intercourse, the mucous membrane of the cervical canal is always the first portion affected, and that from thence it spreads to the mucous membrane of the body of the uterus.

As causes of this affection we find mentioned, colds taken during menstruation, excesses in drink and sexual intercourse, infection with gonorrhœal virus (virulent catarrh), and other diseases such as typhus, dysentery, cholera, general tuberculosis, and diseases of the heart (metastatic constitutional catarrh, *Kiwisch*).

Acute catarrh has a tendency to extend to the oviducts, and undoubtedly from them to the peritoneum; it sometimes also causes inflammation of the peritoneum independent of any such process in the oviducts. It may extend downwards to the vagina, unless it has

originated there and extends upwards to the uterus; acute parenchymatous metritis, as previously mentioned, may also arise from it.

This affection may terminate in resolution, but in the majority of cases it passes into the chronic form.

The so-called hydrorrhœa of pregnant females is considered by some to be catarrh of the gravid uterus, and it seems reasonable to suppose that a portion of the uterine mucous membrane, unlike the rest, may not be transformed into a decidua and consequently cause increased transudation from the hyperæmia connected with pregnancy.

CHRONIC CATARRH OF THE UTERUS.

Chronic catarrh of the uterus, a condition frequently met with, is characterized by a constant irritation of the mucous membrane of the uterus often combined with considerable hypersecretion.

The mucous membrane of the body and fundus uteri is generally swollen, but not always highly congested in the dead body; on the contrary, rather pale, and especially when it is considerably intumesced, of a bluish gray, color. We find scattered throughout it numerous dots or specks of pigment, generally gray or blackish gray, but rarely of a rusty dark brown color. The surface of the membrane is either smooth, or papillary and uneven, the latter being especially the case at the posterior wall, which is sometimes covered with various secretions, and growths resembling granulations. The mucous membrane is also generally softened and more succulent, but can rarely be separated from the uterine wall in as large pieces as in acute catarrh.

The cervical mucous membrane is likewise injected at various points and covered with viscid secretions; Nabothian glands are numerously developed and exceedingly distended. The transverse folds are intumesced and sometimes even œdematous. The vaginal portion is frequently enlarged, its tissue in a state of spongy

relaxation, and its external surface affected with papillary hypertrophy. On its inner surface the swollen mucous follicles are prominent, and the os frequently dilated. In the majority of cases the latter is surrounded with excoriations and even with granulating ulcers.

The secretion in some cases of chronic uterine catarrh is often enormous (blennorrhœa), but in others it is slight, there is generally, however, a marked hypersecretion. The mucus secreted is turbid or even purulent in various degrees, but rarely mixed with blood (excepting shortly before or after menstruation) (*Scanzoni*).

The uterine substance is either affected with a diffuse growth of connective tissue, in consequence of which it becomes denser and firmer, or, it is flaccid and markedly atrophied. In the latter case the cavity of the organ is often much distended, especially in those cases where the cervical canal is occluded by the well known glassy mucus.

When chronic catarrh is of long duration, the mucous membrane, especially that of the body and fundus, undergoes important anatomical changes; its glands, either from constriction or atrophy of their superior portions, requently change into small cysts, or are cast off, which latter occurrence, especially when the cavity of the uterus is distended, gives the mucous membrane a net-like appearance.

The ciliary epithelium which was cast off at the outset of the disease has been replaced by cylindrical epithelium; finally this also is cast off and *polymorphous lining cells*, which can hardly be called true basement epithelium, occupy its place. In some cases we also notice a desquamation of the epithelium, erosions, and small, smooth lined depressions evidently caused by the rupture of small cysts. It is probably owing to this development and rupture of cysts that the delicate ridge-like elevations are formed, especially at the internal orifice, which give rise to adhesions.

While, as above described, the epithelium is transformed and the glands become atrophied, the mucous membrane also becomes thin, and finally is replaced by a thin layer of connective tissue, which is covered by the polymorphous cells mentioned. More rarely we find the mucous membrane transformed into a callous stratum varying in thickness and attached to the submucous connective tissue, and there in the above mentioned stratum we find small cysts which are the remains of degenerated glands (*Rokitansky*).

More frequently the dense sub-mucous stratum, especially at the borders of the internal orifice, becomes atrophied and Nabothian vesicles are developed in it, thus causing a predisposition to uterine flexion.

The consequences of chronic catarrh of the uterus have already been described; they are: circumscribed proliferations of the mucous membrane, glandular and cystic polypi, also fibrous polypi when the submucous tissue has a tendency to proliferate; perhaps also fibroid tumors will be developed if the formative action is sufficiently increased. After the development of such growths their presence seems to occasion a constant irritation and thereby favors the continuance of the chronic catarrh. Hydrometra and hæmatometra may also be developed in consequence of adhesions.

Chronic uterine catarrh generally proceeds from acute catarrh, and sometimes occurs in consequence of the puerperal state. It is also readily developed in cachectic women, and lastly, may be caused by the virus of gonorrhœa. In young women and prostitutes it is said to occur as a consequence of masturbation. It is said to extend down to the vagina and up to the oviducts, and in the latter case especially, it leads to serious consequences; sometimes, however, it originates in the vagina and spreads by continuity.

Uterine pathologists assert that chronic uterine catarrh is generally associated with derangements of menstruation, and that conception is not impossible,

but rarely occurs when it exists. It is an interesting observation that females who have suffered for a long time from blennorrhœa have a pre-disposition to the occurrence of *placenta prævia*.

The frequency of chronic catarrhal endometritis being complicated with chlorosis, scrofula, tuberculosis and diseases of the heart, is a fact universally admitted, and the profuse secretion and purulent discharge contributes not a little to the complete exhaustion of the patient. In scrofulous and tuberculous girls, chronic uterine catarrh generally sets in at the period of puberty, and is combined with amennorrhœa. As a sequel to the catarrh in such cases, the various proliferations of the mucous membrane rarely occur; but the catarrh sometimes preceeds tuberculosis of the uterus.

Reviews and Bibliographical Notices.

ART. I.—*Contributions to Medicine and Midwifery*. By THOMAS EDWARD BEATTY, M. D., &c., &c. Dublin: Fannin & Co., 1866. pp. 639.

THE name of Beatty has been identified with the Dublin School of Obstetrics for two generations, and is illustrated by the devotion which father and son have shown in their efforts to stem the tendencies of that school toward embryotomy. They have done more than any other two men in Ireland to prove that the forceps can and should be substituted for the perforator in the wide range of cases, of which the records of obstetric literature in Ireland has furnished such appalling examples. The son has lived to see the wide-spread adoption of the principles for which the father struggled alone, and has had the happiness of filling, during a prosperous life, many professorships, hospital appointments, and other rewards of professional distinctions. He has now brought together, in a handsmely printed

volume, the important papers of his father, and the articles which he himself has contributed during his life to medical journals and other publications, some of which have received such additions in the way of notes or alterations as to bring the subject matter fairly up in important points to the date of publication. The record is a proud and satisfactory one, creditable in matter and tone to the man and to the city, deserving of a place in the library of those specially interested in these subjects, and not unadapted to the ordinary student, or to the wants of the average professional reader.

It is intended as a monument to the Beattys; as a record of the past; as a literary blazon, or cognizance, which may forever show the rank and the tenets of the family.

In one sense such works are luxuries, but they are welcome luxuries, and it is to be regretted that the example has not been widely followed. We have carefully read the volume through, and we admire the prescience by which he so promptly seized the value of many important methods of treatment; the pluck which prompted the advocacy of unwelcome truths in unsympathetic times; the lucid and logical style; and the evidences of research and practical familiarity with the topics.

There are twenty-three chapters, of which three reproduce addresses at the Obstetrical Society and at the City of Dublin Hospital; and one Report of the South-Eastern Lying-in Hospital from '34 to '37. Two chapters are republished articles "on the forceps," and on "a species of premature labor," from the pen of the elder Beatty. Four articles communicated by the author to the *Cyclopædia of Practical Medicine*, fill two hundred and twenty pages, and "chloroform in midwifery," the use of which is strongly advocated, take forty-two more. The remaining chapters are devoted to the "use of the forceps;" the "means of preventing uterine hæmorrhage after delivery;" on the

"influence of ergot of rye on the fœtus in utero;" on "purulent effusions into the joints, &c., in puerperal women;" "a case of pregnancy complicated with a tumor, occupying nearly the entire pelvis;" "a rare and hitherto unnatural form of death in cancer of the uterus;" "cases of retroflexion of the uterus successfully treated;" "case of calculus in the female bladder;" on "frôlement in peritonitis;" "inversion of the urinary bladder through the urethra with large prolapsus of the rectum in a female child;" "aneurism of the abdominal aorta;" "operation for the cure of dysmenorrhœa;" and "plastic operations on the female genito—urinary organs."

Among other and many interesting points in these articles we merely allude to a case of puerperal peritonitis (page 80), in which recovery followed treatment by calomel and opium. The exact amount taken in all is not accurately stated, though it is evident that the opium was then given (in Jan. 1835), in what was considered heroic doses, and the credit of that practice was awarded to "the views of Dr. William Stokes." The tumor complicating pregnancy was the well-known one which passed above the brim during labor, and so rendered the Cæsarean section unnecessary. In this, as in so many others of his cases, Dr. Beatty seems to have been not only skillful but lucky. The mode of death in cancer of the uterus is that from occlusion of the ureters and is illustrated by a plate. Since then it has been well recognized as a not unfrequent mode of death in these cases. And the same remarks apply to the inversion of the bladder. The case of aneurism of the aorta is reproduced with an extract from Dr. Stokes' work, which states that the diagnosis of the disease dates from Dr. Beatty's accurate observations in 1850.

ART. II.—*Notes on the Origin, Nature, Prevention and Treatment of Asiatic Cholera.* By JOHN C. PETERS, M.D., 2nd Edition, with an Appendix—New York: D. VAN NOSTRAND, 1867. 8vo., pp. 200.

IN the November number of the Journal for 1866, Dr. Peters' book was noticed at some length. We have therefore only to allude to the additions made in this edition—which, as the body of the book is printed from the original stereotype plates—are now thrown together in an appendix. 1st. We have a note on the nature of the cholera poison in which the experiments of Robin Richardson, Legros and Gonjon, are narrated, but we fail to see how these throw any light on the nature of the poison; they merely show that cholera can be produced by injecting into the veins or tissues of animals the serum of the blood or the rice-water dejections of cholera patients; and furthermore, that this poison, whatever it is, is contained as well in the watery exhalations from the body of the choleraic patient and can be condensed from the atmosphere in sufficient strength to produce (when injected into the air tubes) symptoms similar to cholera. Mr. Beale's recent studies on the nature of the poison are not alluded to.

2. The relations of diarrhœa and cholera are discussed with the view of showing the difficulty of distinguishing the two, and the propriety of strict medical attention to all cases of the minor bowel complaints.

3. "The distribution of cholera by water" adds some historical facts that show pretty conclusively what, however, was admitted previously by the majority of physicians, that cholera may be spread through the medium of drinking-water.

4. "The conveyance of cholera from India to Europe and America in 1865 and 1866." Dr. Peters was pretty sharply attacked by an English reviewer, on the ground that his statements on this point were not true. The Doctor now turns the table upon his reviewer by quoting from the very journal in which that review appeared,

an account of the conveyance of the disease which substantiates the statements made in his first edition.

5. "On the prevention of cholera." Dr. Peters shows the wonderful results accomplished by the sanitary measures adopted in various cities, and especially instances London and Bristol—in England—and New York. In this last city there were but 600 deaths last summer; while St. Louis, with only a quarter of our population, lost no less that 3,527. We are not quite so sanguine as to fully yield assent to his prediction that "the disease must sooner or later become extinct, and that it is not improbable that Europe and America have already experienced its last visitation"—though we are satisfied that its ravages can be, and have been very materially diminished by proper sanitary regulation.

6 and 7. In the "pathology" and "treatment" of cholera, the recent advances that have been made, are carefully noted.

8. Under "homœopathy and cholera," Dr. Peters quotes against the homœopaths their own journals and authorities, showing that the claims so largely made last season of their enormous success in the treatment of cholera, are not founded in fact. Dr. Rutherford Russell, one of the editors of the *British Journal of Homœopathy*, rebukes this boastful tone of his allies and gives the results of Tessier's experience at the hospitals of St. Marguerite and Beaujon, which certainly furnishes no better success than that attained by other plans of treatment. Fleischman at Vienna, one of the ablest continental homœopaths, and who has had the largest hospital experiences with cholera, and that, too, under the most favorable conditions as to sanitary surroundings and material appointments of his hospital and the character of his patients, was equally unsuccessful. Other statistics given substantiate the same conclusion.

On the whole, the additions to this edition materially increase its value, and make it one of the best of the numerous compends on this subject. The change in

the title from "Treatise" to "Notes," as suggested in our review of the first edition, is appropriate.

ART. III.—*Change of Air considered with regard to Atmospheric Pressure and its Electric and Magnetic Concomitants in the Treatment of Consumption and Chronic Disease.* By J. C. ATKINSON, M.D. London: Trübner & Co. 1867. 8vo., pp. viii. 142.

THE purpose of this little book, which is headed with the dogmatic assertion that consumption is unquestionably at the head of all fatal diseases—with which we presume no one will be disposed to take issue—is to show that the prevailing opinions in regard to the necessity for a "change of air" for invalids are generally erroneous. Dr. A. maintains that consumptives especially are more often injured than benefited by the abrupt changes from their wonted habits of life, and the meteorological conditions to which they are accustomed. This is, doubtless, true, and the fact he explains, viz: In consumption there is already too rapid oxygenation of the blood, and if we increase the rapidity of the pulse by making the patient breathe a purer air, or by sending him to an elevated region, we only add fuel to the flame and hasten the destructive process. He, therefore, advises the lowest possible level and moist region where vegetation can thrive and where the atmosphere is charged with various gases in varied combination. And he more than intimates that, for the consumptive, an atmosphere charged with an excess of carbonic gas would, by its sedative properties, keep back this riotous propensity of the tubercular constitution to do its work in such an absurdly hasty, irrational and unphysiological manner. It occurred to us at the reading that the Grotto del

Cani would be a charming spot for the establishment of a sanitarium for consumptives.

But whatever we may think of the theoretical views here promulgated, practically his conclusions are valuable, and although arrived at by faulty reasoning, they are well worth careful study and consideration. Indeed, the case is really much stronger than Dr. A. puts it. His whole book crops out here and there with valuable suggestions and points that might be worked up to much greater advantage, but which, under his mode of treating the subject, really lose much of their significance. And so in 142 pages of reading matter unbroken by division into chapters or proper headings, we have a promiscuous mass of natural philosophy (embracing meteorology, magnetism, electricity and chemistry) of undoubted accuracy; hygiene (mental, moral, and physical) sound enough in its way; physiology and pathology, exceptional in some particulars, but generally reliable; analogies drawn from botany and zoology (which are unquestioned, but which prove nothing) and the whole interspersed with fine writing that is entirely irrelevant to the question at issue.

The book, in spite of its objectionable features of composition, will well repay perusal by furnishing materials for thought and suggestions of practical importance. We lay it down with the regret that a subject which really contains so much, and which is attracting so large a share of attention from our best hygeists and physicians, should have been so spoiled in the handling.

ART. IV.—*Report of the Provost Marshal General for* 1866. Washington: Government Printing Office.

ALTHOUGH there is a great deal of valuable information in the two large volumes of the Provost Marshal General's Report, we design only to bring before our readers a few items of the very admirable report made by Bvt. Col. J. H. Baxter, surgeon U. S. V., who, for more than three years has been on duty as chief medical officer of the Provost Marshal General's Bureau. Certainly, no department of military administration was more important than that over which Dr. Baxter was placed, and no one is more competent than he to arrange and digest the vast amount of vital statistical material which is in his hands. We find from Dr. Baxter's present report that 605,045 men were examined under the several drafts. Of these 155,730 were exempted for physical or mental disability. The ratio exempted per 1,000 examined, was thus 257.38.

Numerous tables are given illustrative of the distribution of the disabling causes among the several States. Thus we find that for imbecility the proportion of rejections was, for the United States, 3.09 per 1,000. In Rhode Island the maximum, 9.82, and in Kansas, the minimum, *none* were reached. As a general law this cause was less frequently met with in the Western than in the Eastern or Middle States. Rhode Island likewise shows more exemptions for intemperance, and is only second to New Hampshire for insanity. New Hampshire also stands first under the head of protuberant abdomen. Maine comes next, and the District of Columbia follows close after. It is satisfactory to find that there were no rejections for this cause among the men of New York.

For cancer, Minnesota is prëeminent, and for deficient size of the chest, Massachusetts and Rhode Island; for decided deafness, Maryland, and for dumbness, West Virginia; for epilepsy, Connecticut; for

headache, Massachusetts; for paralysis, New Hampshire; for loss of tone, Iowa; for neuralgia, New Hampshire; for excessive obesity, Rhode Island. More men of Missouri had lost the penis, Rhode Island coming next, whilst this latter State contains more men who have lost their testicles than any other, and has more addicted to solitary vice.

We might go on and quote more extensively from the 140 tables which Dr. Baxter adduces. We have, however, cited enough to show the great interest and value which his labors possess.

We are happy to state that Congress, appreciating the value of these records, called unanimously for a full report, and made an appropriation of thirty thousand dollars, to enable Dr. Baxter to prepare such a report for publication. This report will be ready for publication within one year from the present date, and will be of great importance to the medical profession of this and foreign countries. We shall look for its appearance with much interest, for we are sure, from the specimens we have of Dr. Baxter's ability and industry, that it will be of inestimable value to the sciences of medicine and anthropology.

ART. V.—*Chemistry of the Farm and the Sea, with other Familiar Chemical Essays.* By JAS. R. NICHOLS, M.D. Boston: A. Williams & Co. 1867. 8vo., pp. 123.

THIS charming little volume consists of a series of chemical essays that were mostly contributed to the columns of the *Boston Journal of Chemistry*, of which our author is the editor. It tells in a familiar way what, without breach of propriety, we might term the chemistry of every-day life, and it tells it in a way that can be understood by any one of ordinary intelligence

and acquirements. This divesting scientific studies of their formidable technicalities and rendering them appreciable to the masses of the people, is of late years a favorite method of teaching with many of our most profound scholars, both in this country and in England; and the result has proven that, while science loses none of its dignity or high character on the one hand, the people on the other, who are the learners, have gained largely of information which was hardly approachable through the old orthodox channels of elaborate and erudite treatises, for they were above the comprehension of the masses. We approve this plan of teaching—of popularizing, or if you choose, as some will have it, of vulgarizing science; and we consider Dr. Nichols' little contribution as a success in this line. The chapters on the Chemistry of a Bowl of Milk, of a Kernel of Corn, of Bread and Bread-Making, of the Dwelling, and the few pages devoted to Obscure Sources of Disease, and the Decomposition of Lead in Aqueduct Pipes, are especially interesting to the medical man, and many a practical wrinkle of no little value may be gathered therefrom. We cheerfully commend the volume to our readers, and especially to the younger portion of students, assured that the time spent in its perusal could not be more profitably employed.

ART. VI.—*The American Naturalist:* A Popular Illustrated Magazine of Natural History. Salem, Mass Essex Institute.

We have received several numbers of this publication —the first and only one in this country devoted exclusively to natural history. It bears evidence of very superior ability in editorship, and thus far the contributed articles have been of an unusually interesting and valuable character. The *Naturalist* fills a gap hitherto

unoccupied in our scientific literature, and we bespeak for it that hearty support to which its merits certainly give it a claim. The editors announce that to maintain the journal in the style in which it is thus far issued, with its expensive illustrations, and to follow up the high standard marked out, they must receive very material additions to their subscription list. We trust our readers may be induced to aid in so commendable a work.

ART. VII.—*On Railway and other Injuries of the Nervous System.* By JOHN ERIC ERICHSEN, F.R.C.S., &c. Philadelphia: Henry C. Lea. 1867. 8vo., pp. 103.

In the March number of the *Journal* for the current year we noticed, in a commendatory way, the English edition of Mr. Erichsen's book. The American publishers have done well in placing the book within the reach of the profession in this country, as it supplies information on a class of injuries not treated of in our systematic text books.

Reports on the Progress of Medicine.

THEORY AND PRACTICE OF MEDICINE.

ART. 1.—*Diabetic Phthisis and its Treatment.* By B. W. RICHARDSON, M. D. (*Medical Times and Gazette.*)

THE physician who has occasion to treat large numbers of patients suffering from phthisis pulmonalis soon becomes aware of the fact that the disease is not a single and simple organic lesion depending only on one primary condition, but that, manifesting a remarkable

unity in respect to symtoms, it may exhibit as remarkable a diversity in relation to cause, and may be allied with many and varying forms of disease. Thus there is a true form of phthisis connected with alcoholic degeneration of the tissues—*alcoholic phthisis;* there is a form of phthisis in children connected with cyanosis—*cyanotic phthisis;* there is a *bronchial phthisis;* there is a form of phthisis from inhalation of foreign substances—*mechanically excited phthisis;* there is the *ordinary phthisis* of the young, hereditary or acquired; and, lastly, there is the peculiar form of phthisis which is sometimes coincident with diabetes, and to which I would now direct attention—*diabetic phthisis.*

Diabetic phthisis is, by comparison, a rare disease. In the course of twelve years' practice at the Royal Infirmary for Disease of the Chest I have met with not more than eight cases, and in private practice I have met with three only. On the whole, judging from experience, I should think that of fifteen hundred cases of a phthisical character, not more than one would be a case of diabetic phthisis. Further, the disease diabetes may prove fatal without any of the symptoms of phthisis. For all this, diabetic phthisis, when once set up, is a well marked form of disease; it is something more than a complication of diabetes when it appears, for it soon stands out first, and becomes the actual life-destroyer.

In three of my cases the patients presented themselves unconscious that they were eliminating large quantities of sugar by the urine, and complaining solely of the affection of the chest. In all the other cases the symptoms of diabetes had been recognized prior to the development of pulmonary mischief; this, I have no doubt, is the general rule, and I believe in every case where the history of the symptoms can be clearly traced it will be found that the diabetes was the antecedent affection, although the patient was not conversant of the fact. When in the course of diabetes the phthisical

condition is developed, the newly diseased state is not usually an early complication; but, once developed, it speedily runs its fatal course.

The first general symptom is severe hectic, the hot stage of which is very extreme, and, instead of being followed by profuse sweating, is succeeded by great coldness of the surface of the body, depression, and copious elimination of urine. Difficulty of breathing is a marked symptom; cough is common, but is usually hacking only, and is unattended with any quantity of expectoration. Hæmoptysis, in the strict sense of the word, I have not seen; but sputa of a rusty character in small quantities, is frequent. There is little acute thoracic pain, but great oppression. Waste of bodily substance is extreme.

The physical signs are well marked. If the disease is seen early, patches of lung, like so many centres, give signs of dry crepitation; rapidly this crepitation extends over the whole lung. In one of my cases, during the last six weeks of life I could put the stethoscope over no part of the chest without hearing crepitation. The crepitation is distinctly that of early tubercle; it is wanting in the fineness of early pneumonic crepitation. In course of time there is some tendency to softening of tubercle, but this is very limited, and I have but once observed the actual formation of cavity. Death takes place, in fact, too early to give time for softening or absorption of tubercle; added to this, the diabetic condition seems to interfere with the process of softening, probably by the removal of water from the tissues.

Percussion over the chest where there is crepitation may be dull, but this sign is not essential.

Whenever there is clearly developed diabetic phthisis the *prognosis* is inevitably bad, according to our present knowledge of treatment. Further, the prognosis is almost definite as to time; I have not seen a case that survived four months after the tubercular condition had been obviously present. From six to ten weeks is the

common duration of the term of life from the period of severe and definitely recurring hectic.

After death the condition of lung is peculiar, and in three cases—the only cases I could be allowed to inspect—the condition was the same. The lungs were much shrunken and dry; they were greyish and darkly mottled in color; the tissue was filled with small dark—I had almost said gritty—tubercle, and there were a few patches of deep vascular congestion. There was no pleuritic adhesion, no serous effusion, no pulmonary cavity.

In every case of diabetic phthisis I have seen there has been disease of the base of the brain. In one case there was a growth of bone pressing upon the under surface of the medulla oblongata; in another case there was softening of brain substance, and in a third case there was disease of the vessels with thickening of the membranes and old adhesions. In one of these cases the patient had been under the late Dr. Baly for "acute meningitis," and his symptoms of diabetes followed that attack immediately. As he recovered from his acute illness he discovered himself diabetic.

The pathological relationship of diabetes and phthisis of the lung seems to me to be through the nervous system. That there is a functional and an organic type of diabetes; that the functional type is largely curable, and the organic absolutely incurable; and that the functional type is connected with a false digestion, owing to temporary interference with nerve action—these, I think, are facts which every scientific physician must be prepared to accept.

Some difference of opinion, however, yet exists as to the relationship of diabetes to disease of the brain. The progress of experimental inquiry has all been to the effect that lesion of brain structure is an efficient cause of the diabetic condition; but Dr. Ogle has recently, in a most labored and able paper, maintained that the brain lesion sometimes found in diabetes is a result of

structural change incident to the diabetic state and a result instead of a cause. I do not propose to discuss this refined question now, but I would point out that when phthisis of the lung is developed during diabetes, the morbid change appears to be the result of what may truly be called innervation of the lung tissue. That the change is not due merely to modification of the blood is certain from the fact that diabetes may exist or prove fatal without the occurrence of pulmonary phthisis or any sign of it. The occurrence of the phthisis also takes place, as I think experience shows, only when the diabetes depends on lesion at the base of the brain. It is fair to presume, therefore, that in such cases the nervous injury has so extended as to involve at their source the nerves from which the pulmonic structure is supplied.

Regarding treatment in diabetic phthisis, I have tried various plans—oxygen by inhalation, oxygen by peroxide of hydrogen, special diet, change of air—and all to no purpose. Still there are certain points of practice which are worthy of note. I name two especially:

1. I am convinced that in this malady oxygen and its allies, chlorine, iodine, or their compounds, do harm: they increase elimination, and reduce accordingly.

2. I am equally certain that a diet restricted to albuminous products is utterly wrong, both in theory and in practice. I believe that in functional diabetes a great deal can be effected by restricted diet, coupled with the method first suggested by Rollo, of giving with such diet ammonia and iron freely. I doubt, however, the practice of restricted diet in every case of organic diabetes, and in cases where there is the faintest indication of phthisis the restricted diet becomes, I feel sure, a positive evil. So soon as diabetic phthisis is established, the general dietetic rules for phthisis alone are the rules, and the only rules, to follow. In the way of affirmative treatment the principles are—to sustain warmth of body, to check waste by opium and quinine, and to sustain by

good food, especially by the free use of animal oil. In the next case I have to treat I will give animal oil, not by the spoonful, but by a half-pint at a time. I will give it as the Esquimaux takes it, and for the same reason, to sustain the lost caloric in his case, too rapidly carried away by the surrounding cold, and in the case of the diabetic man by the excessive formation, dissolution, and elimination of sugar. To this last remark I would add that, in respect to the treatment of organic diabetes altogether, there is more hope in the free use of animal oil than in any other remedy. Here is an unexplored field of practice before us, a very simple practice, and easily put to the test, but a practice strictly rational and based on the true institutes of medicine.

ART. 2.—*The Medical Uses of Chloroform Inhalations.* By CHARLES KIDD, M.D., M.R.C.S.E. (*Dublin Quarterly.*)

THE medical uses of chloroform, or rather its administration in medical, as contrasted with surgical cases, begins to assume a form of very considerable interest and importance to the practising physician—not so much as an agent capable of removing slight or severe pain in neuralgic or purely spasmodic affections, as in controlling dangerous convulsions in the adult or infant, as a remedy also, or auxiliary of great usefulness in various forms of epilepsy, though not so effectual in simple hysteria, chorea, or delirium tremens. The medical uses of chloroform, in a word, have not been recognized sufficiently; its far wider and more brilliant aid to the operating surgeon having somewhat eclipsed its occasional applicability in the less demonstrative clinical wards of the physician. In cases of puerperal convulsions—which come under the notice of the general practitioner or young obstetric physician—the varied experience of all, or of the best obstetricians, agrees that whether we have albumen in the

urine or not, the careful, skillful administration of chloroform, even before adoption of the lancet, seldom fails to afford marked relief, and that in a majority of cases we may dispense with the excessive venesections of former times; chloroform, in such cases, of course, is not to supersede other means usually had recourse to, such as delivery, etc.

In cases of severe agony, and jaundice attending the passage of *gall-stones*, the inhalation of a drachm or two of chloroform will often act like a sudden charm in affording relief from pain and spasm. It is probable here, that there is produced a relaxation of the ductus choledicus, and associated muscular or nervous fibres of the adjacent diaphragm, duodenum, abdominal muscles, etc., all thrown into spasm by an irritating calculus; it is curious, too, that jaundice has been occasionally produced by chloroform, especially when given in small or irritant doses; but this is a much more rare phenomenon than the cure of jaundice by it.

A case of the following kind has come under notice:—A gentleman in the higher circles of society, an old gentleman subject to bad attacks of jaundice and gall-stone, in the country, was supposed to be at the point of death from "black jaundice" and impacted gall-stones; an entire week of horrible agony had passed; warm baths, blisters, purgatives, globulistic remedies, ipecacuanha, and every other conceivable remedy had been tried in vain. Opium had made things worse, and emetics no better; a fair trial, in one word, was given, or supposed to be given, to the good old classic abracadabra of Copeland and Watson, that

> "Old Experience which doth attain
> To something of prophetic strain."

Experience of all kinds had been summoned from the nearest country town; but with amiable suavity, Old Experience had pronounced the case incurable; it had been well excogitated that the bile secreted by the hepatic cells had probably regurgitated along the

cystic duct into the gall-bladder; there stored up it became concentrated; how cholesterine (not Dr. Thudicum's blood corpuscles) had formed a calculus, with much more, all pointing to sadly establish organic disease of the worst kind. In this emergency, as a matter of "ridiculous form," as it was said by Old Experience, a young but eminent city physician was summoned by telegraph—a man of the new school, eclectic and sensible, who are glad to adopt remedies from whatever side of the compass they come.

"Have you tried chloroform?" he ventured to ask in consultation. "Nothing like leather—of course not; but perhaps you would like to do so." To which he replied in the affirmative.

A few drops of chloroform, in fine, were tried, with the best possible result; the agony of the gall-stone yielded as if by some potent spell, the simple *rationale* of the cure being that it relaxed the muscular fibres, perhaps, of the pylorus and duodenum, the gall-ducts, diaphragm, etc., and allowed the gall-stone to pass, whereas previous purgatives, blisters, opium, etc., had only tended to derange the healthy sympathy which usually exists between the mucous membrane of the duodenum and the bile passages. In a sad case of this kind, not very long ago, it will be remembered, one of our most eminent members of Parliament died of the agony of gall-stones, and the derangement brought on by large doses of opium; it is probable one drachm of chloroform would have saved his life.

In some of the worst sufferings of uncomplicated asthma and in whooping-cough I have known the inhalation of chloroform to prove very beneficial; indeed it is clear that the often vaunted popular cures of whooping-cough, by children inhaling the vapor at gas works, is easily and only to be explained by the calming influence on the glottis of some of the many gaseous carbo-hydrogens belonging to coal-gas, so like chloroform. I have known also the popular specific,

or liniment of oil of amber, camphor, etc., for whooping-cough, to prove far more useful when chloroform and ether were added to the formula—the liniment rubbed to the chest and neck, rather than in the time-honored method, to the spine of the child. If whooping-cough (as it often is) happens to be mixed up with bronchitis, or if asthma be associated with emphysema, the chloroform will cause disappointment, if it does not aggravate matters. A little antimony for the bronchitis may, however, be combined with the inhalation method, and will never disappoint in the bronchitis of children; the direct application of solution of nitrate of silver to the glottis, in whooping-cough, is also facilitated by the use of chloroform.

Again, in various forms of epilepsy, though theory at first contra-indicated the administration of anæsthetics, subsequent experience has fully established the fact, that, contrary to pre-supposed views, chloroform in full doses controls the epileptic fit; and, while good breathing is kept up, there is no cause of apnœa, or alarm from suffocation. It is, however, as an auxiliary—in allowing a full examination as to the peripheral origin of the epilepsy, and surgical interference, by caustic or knife, leading to the cure of hundreds of such cases—that chloroform has remodelled the entire practice of epileptic diseases; the mechanism of the epileptic fit has now been so well explained by Brown-Séquard, Reynolds, and others, and the fit itself so often found to depend on external or peripheral sources—for instance, irritation of bad teeth, worms, external excitement of the genito-urinary organs, that a trial of chloroform, especially in female epileptics, seldom fails to yield suggestive results. Chloroform, on the other hand, is of less value (if not attended with positive risk) in hysteria and chorea; it is also of questionable safety in the debility of delirium tremens and puerperal mania; but in the other affections detailed—convulsions, asthma, whooping cough, gall-stones, obstetric practice generally, and many other

purely medical cases—it will seldom fail to give most beneficial results.

In these observations I have not dwelt on the use of chloroform, except by inhalation. Every one, however, now knows the great usefulness of "chlorodyne" in all the several varieties of which Roscoe and others have shown that chloroform is the active agent, though at first denied.

ART. 3.—*Raw Flesh and Brandy in the Treatment of Phthisis.* (*Journal of Practical Medicine and Surgery*).

[AT a late session of the Paris Academy of Science, M. Fuster presented a paper on this subject, in which he adduces two thousand additional cases observed by himself and others. The following are the conclusions arrived at in his paper. Our readers can take them at their own valuation.]

1. The exhibition of raw beef and mutton, and of alcohol in doses varying according to circumstances, arrests the progress of pulmonary phthisis and other consumptive diseases. Under the influence of this mode of treatment, strength is restored, the countenance recovers its animation, appetite returns, and the patient gains flesh, a fact of which conclusive evidence is afforded by the increase of weight. In a month, or even in three weeks, in several of my cases, the body gained four, six, eight, and even as much as twelve pounds.

2. This general improvement of the system, aided by appropriate treatment of the leading symptoms, checks the hectic fever, diarrhœa, and night-sweats.

3. When these complications have yielded, amendment of the local condition of the lungs, or rather diseased organs, sets in, and the advance of cicatrization can be ascertained by percussion and auscultation.

4. The efficacy of the treatment is not, however, equal in all stages of the diseases in question. In the third stage the improvement in general is confined to a prolongation of life, the inevitable issue being merely postponed.

5. In the second stage only can the treatment be considered as really curative; provided, of course, all the necessary hygienic precautions I have dwelt on a former occasion are strictly attended to.

6. Of all atrophic diseases in which the treatment is applicable, that in which the greatest measure of benefit is obtainable is pulmonary tuberculosis in all its stages; it is, however, highly beneficial in every form of anæmia, whether resulting from hæmorrhage or from spermatorhœa; at the conclusion of acute affections, especially typhus and typhoid fever; in the last stage of leucæmia, albuminuria, and diabetes; it is also frequently successful in pyæmia, paludal cachexia, chronic nervous fever, and, in general, in all protracted morbid conditions in which repair is obviously unequal to the expenditure of the system.

Art. 4.—*Diabetic Gangrene.* (*L'Union Medicale.*)

M. Verneuil lately brought under the notice of the Surgical Society of Paris, the subject of gangrene occurring in diabetic patients, of which he had met with six instances in the course of three months. In the first case he was called to perform amputation in a person affected with gangrene of the foot and lower part of the leg. On inquiry, he found the patient diabetic. The man, a seller of wine, had been of somewhat intemperate habits. The gangrene was said to have originated in the pressure of the shoe on the little toe, and to have been soon followed by the appearance

of other gangrenous spots on the foot and leg. The man ultimately died; M. Verneuil having abstained judiciously from any surgical interference. In the second case, that of a man aged 50; the patient had for some time had bunions, one of which became ulcerated. As the sore showed no tendency to heal, M. Verneuil examined the urine, and found sugar. The patient ultimately died worn out with profuse diarrhœa, marasmus, and low delirium. In the third case a patient in the Lariboisière hospital had an ulcer of the heel, of the size of a finger, with sharply defined edges, and œdema of the leg. The heart and liver appeared healthy, but the urine contained both sugar and albumen. This patient also died; but nothing in the kidneys could be found that was capable of accounting for the albumen. The fourth case was that of an ecclesiastic of high rank, about 66 years old. He had diabetes, with gangrene of the little toe, several eschars on the great toe and dorsum of the foot, and an extensive carbuncular phlegmon on the sole. In the fifth case, that of a lady; there was a carbuncle on the back. Incisions made into this producing no improvement, M. Verneuil examined the urine and found it diabetic. In the sixth case, that of a man aged 55, paralytic and subject to intermittent fever; there was a gangrenous eschar in the groin, with offensive discharge. This patient, alone of the six, so far improved under an alkaline treatment as to recover; in the other five, death occurred in a few days or weeks after the appearance of the local disease. Such cases as those related, M. Verneuil observes, point to the advisability of examining the urine before operating in cases of gangrene of the lower limbs.

OBSTETRICS AND DISEASES OF WOMEN.

ART. 5.—*Chronic Metritis.* Prof. SCANZONI's Treatment. (*Journal of Practical Medicine and Surgery.*)

PROFESSOR SCANZONI, of Würtzburg, has never obtained any good effects from anything but the iodide of potassium, and the iodo-chloride of mercury in direct application to the uterine and vaginal mucous membranes.

He uses, for instance, a liniment containing one drachm of iodide of potassium to one ounce of glycerine, and places every night in the vagina a sponge impregnated with this fluid. The sponge is removed in the morning. This, he says is the only method of iodine dressing which has ever been found capable of reducing in the course of two or three weeks the size and induration of the inferior segment of the womb, and is infinitely preferable to the application of tincture of iodine and of iodised liniments to the inguinal regions.

Scanzoni has more recently had recourse in the same manner to the introduction into the vagina of the following pomade:

Hydrarg. iodo-chloridi, gr. v.
Adipis, ℥j.

After each application of the remedy which requires the assistance of the speculum, the patient should keep her bed for six or eight hours.

The sponge may then be extracted, and an injection of tepid water should be performed. The epithelium is in general destroyed in the parts which have come into contact with the ointment; exudation follows, and marked decrease of size of cervix. The application may be repeated several times, if necessary, at intervals of ten days or a fortnight.

Scanzoni has completely relinquished the practice of applying tincture of iodine to the vagina or cervix. When excoriations are present, he prefers to all other local remedies rectified *pyroligneous acid*, pure or mixed with equal parts of creasote. He leaves these modifiers in contact with the ulcerated surfaces, until the sanguineous oozing has ceased, and until the part which is in general of a bright red, has acquired a dead white color.

ART. 6.—*A Case of Excision of the Cervix Uteri.*

In recently looking over an old volume of Surgery (*The Art of Surgery, &c.* By DANIEL TURNER, M.D., London, 1736.), we came across the following interesting case. The operation performed on the patient by herself, is evidently the same as that recently proposed by Huguier for so-called procidentia, and which is now attracting so much attention. The case is narrated under the heading "Of a Procidentia Uteri, ac Prolapsus Vaginæ ejus." We transcribe it entire, believing it will be of interest to the profession, not alone on account of its novelty and the quaintness of the narrative, but also from the fact that it is probably the first case on record of this operation for the cure of Procidentia.

An elderly Woman, having been for ſome Years craſy, as well in her Head, I mean her Intellect, as her Body, and longer incommoded with a *Procidentia Uteri*, which ſhe was forced to keep up with her String-Cloth, being otherwiſe ſcarce able to move about the Houſe; under a Fit of Melancholy, was pondering how to free herſelf from this Inconvenience, and unknown to any Perſon of the Family, taking her Opportunity, first putting herſelf in a ſuitable Poſture, with one Hand ſhe draws down the *prolapſed* Body, whilſt with her Husband's Razor in the other, got as it were by Stealth, ſhe excis'd all within her Reach; then, putting a Clout

up to the Parts, ſhe got into her Bed; where, after ſhort time the Blood being diſcover'd, and ſhe question'd about it, ſhe very ſedately told them what ſhe had done.

Upon this a neighbouring Surgeon was ſent for, who reſtrained the *Hæmorrhage* with proper *Reſtringents:* But in the Evening, the Flux being renew'd, he call'd me to his Aſſiſtance: When ordering a large Tent, like a *Peſſus*, to be made up, the ſame was dipped in *Oxycrat. cum Alb. Ovorum*, then gently express'd and roll'd over ſome fine *Bole*, particularly its Extremity, and ſo put up; next to this, a thick Pledget, or Wad of Tow, wrung out of the ſame, and ſprinkled thick *cum Farina Fabar.* with the T-Bandage to keep all cloſe.

The Day following, the Blood ſeemingly ſtanched, a *Digeſtive* was got ready, into which made warm, a Tent like the first was dipp'd and introduced: But coming the third Day, we found more Blood diſcharged, several *Grumes*, or Clots, following the Extraction of this laſt Application; ſo that we were forced to have recourse to our *Reſtringents:* And thus we continued for ſeveral Days, our Patient all this while calm, with little *Fever*, and as little Complaint, in regard to what might have been expected from so deſperate an Operation.

When the Flux was ſtopped, and the external Privity cleansed, with a warm *Stuph* wrung out of Wine, we took a more ſtrict Survey of the Parts, and dilating the *Labia* with my Fingers, in expectation of finding a Wound on the relaxed *Vagina*, could perceive nothing like it, all lying fair and natural within our Sight: When, entering my Finger as high up as I could reach, I plainly felt a large jagged or unequal Wound, on the lower part of the *Uterus*, whose *Os Internum*, or whole *Cervix*, had been cut off: The Blood, upon this Examination (tho' but in ſmall Quantity) again following my Finger.

I then enquired after the Part thus strangely taken

off, which they ſhewed me put by in Water, and I perceived it, as I have repreſented, the upper Part an Inch and half deep, eſpecially on each ſide, ſomewhat narrower in the Middle, and ſtill less on the under Part, or that lying on the *Rectum*, which, for the Curioſity, I deſired the *Surgeon* to put into *Spirit of Wine*, and which he ſtill keeps by him, to gratify the ingenuous Enquirer with a ſight thereof; of which number the first Perſon I ſhewed it to, was Mr. *Petty*, in *Fenchurch-ſtreet:* But, proceeding,

After this Discovery, the Blood alſo entirely reſtrain'd, I advised a large Tent to be made up, as at first, whoſe upper Extremity was dipp'd in a melted Mixture, *ex part. iis, vel circiter, Linimenti Arcæi, cum quarta Ol. Tereb.* paſſing it up againſt the gaping Wound of the *Uterus:* I also adviſed a warm *Fomentation*, which we were ſhy of ſooner, on account of the *Hæmorrhage*, prepared *ex Decocto Fol. Abſinth. Cent. Hyper.* &c. and a proportionate Quantity of the *Spir. Vin. camph.* to be applied with *Stuphs*, not only to the *Pudendum*, but reaching up to the lower Belly, which were renewed for half an Hour, Night and Morning, before the times of Dreſſing up, whereby to comfort the internal Parts thereof, cheriſh their Heat, and promote Digeſtion of the Wound; which, after ten days, began to appear laudable upon the end of the Tent, and in moderate quantity.

After this a *Womb-Syringe* was provided, and the following *Decoction* thrown in twice a Day, by way of Injection, to mundify the Wound: By its Situation I apprehended it leſs ſuſceptible of an impreſſion of our *Balſams*, which were, however, ſtill continued after the Uſe thereof.

R. *Plantag. cum toto, Summit. Hyperic. Centaur. ana, m. j. Hord. Gallic.* ʒ *ss. coquantur in Aq. Font. q. ſ. pro* ℔*i. Colaturæ, cui per ſubſidentiam depuratæ adde Mel Roſar.* ʒ*ij. Tinc. Myrrh.* ʒ *ss. & f. Mixtura, cujus, metrenchitæ auxilio, injiciantur Cochlear. v. vel vi. per Sinum Pudoris, prius tepefacta, bis in die.*

This having been used for ſome days, and the Diſcharge ſtill leſſening, I ſubſtituted the following, more conſolidating and agglutinating.

R. *Rad. de Symphyto, Plantag. ana ʒi Fol. Hyperic. Equiſeti, Saniculæ, Bugulæ, ana m. ss. coquantur in Aq. Font. q. ſ. ad ʒxij. Colaturæ, ſub finem infundendo Vini Rub. ʒiv. & preterea Colature ſupraſcriptæ addendo Mel Roſar. ʒij. f. pro Injectione prioris inſtar utenda, ſed ſæpius in die.*

By which I have great Hopes her Cure may be accomplished: She now gets out of Bed, takes her Nourishment and Reſt, the Diſcharge from the wound being inconſiderable; and the ſame bidding fair for healing ſuddenly.

I think this is, if not the only Inſtance of the ὑσεροτομία, yet ſurely of the *Uteri Cervicis Abſciſſio*, I remember to have met with in our Writers of *Chirurgery:* At leaſt I am apt to believe the firſt Attempt at this way, for the Cure of its *Prolapſus.*

ART. 7.—*On the Treatment of Labor Complicated with Ovarian Tumor.*

Dr. W. S. PLAYFAIR read a paper on this subject before the Obstetrical Society of London, at one of its recent meetings. The following summary of the paper and the discussion which was based upon it, we take from the *Lancet*:

The author commenced by relating the particulars of a case of labor obstructed by ovarian tumor which had come under his observation. The pelvis was occupied by a solid ovarian growth, which was not diminished by puncture, delivery being finally effected by craniotomy. He then proceeded to analyse the details of fifty-seven similar cases, collected from various sources, pointing out the results of the various methods of treatment employed. He showed that nearly one-half of all the cases left to nature had proved fatal, probably

on account of the bruising and contusion to which the tumor was necessarily subjected during the passage of the head. On the other hand, all the cases in which the tumor had been diminished in size by puncture, recovered; and he strongly advocated this treatment, even when there was apparently sufficient room to admit of delivery without it. One-half of the cases in which craniotomy was resorted to had also ended fatally. In several of these cases perforation was only employed because the child was dead, although there was sufficient room for the passage of the head; so that the results of this treatment were also most unfavorable for the same reason as when the case was left to nature. Dr. Playfair concluded by briefly reviewing the history of the other methods of treatment employed, such as turning and the Cæsarean section.

Dr Hicks considered that the use of chloroform in these cases was of great service by lessening the expulsive action of the uterus, which constituted one great obstruction to the return of the tumor.

Mr. Spencer Wells said that in the case alluded to in the paper, in which he had succeeded in pushing a tumor up from the pelvis into the abdomen, a trocar had been introduced by the vagina; and on his arrival he found the canula remaining in the tumor, but no fluid escaping. On making a freer opening, it became evident that the tumor was not ovarian, but a uterine fibroid. It was agreed that he should try to push it up before craniotomy or the Cæsarean section were discussed; and after the patient was well under the influence of chloroform the tumor was pushed up without much difficulty, and the accoucheur then readily delivered the child.

Dr. Barnes thought the paper one of great interest. He thought one subject of importance had not been sufficiently discussed—that was, the propriety of inducing labor when pregnancy was complicated with ovarian tumor. It might be laid down as a general law, that

nature would not tolerate the concurrent progress of these two conditions. Nature could hardly bear the simultaneous growth of two tumors like the pregnant uterus and an ovarian tumor. Something must give way. He had observed three orders of events, which all pointed to the truth of this law and to the practice he recommended. 1. He had seen the tumor burst and the patient die; and in another case he had seen the tumor rotated on its axis so that the pedicle was strangulated, leading to rupture of vessels, labor occuring prematurely under the agony of death: or the uterus may rupture. 2. He had seen repeatedly premature labor occur spontaneously with good result. 3. The distress in breathing and hectic induced may be so urgent as to compel the physician to interfere. He had frequently acted in obedience to this law, and with the best results. The indication seemed to be clear in all serious complications with pregnancy to reduce the case to its simplest expression by eliminating one of the elements of complication. The most fitting element to remove was the pregnancy. This done, the ovarian tumor could be dealt with at a convenient time according to its special circumstances. In reference to the remarks of Mr. Spencer Wells, he asked whether, in some of the cases in which tapping had been resorted to, premature labor did not set in all the same? It was certainly incorrect to say that the child was necessarily lost by inducing labor.

Dr. Murray said that in a case of pregnancy complicated with ovarian disease which had come under his care he had induced labor at the end of the eighth month, and, under chloroform, had delivered by means of the forceps. The child was living. This course he followed, fearing that the cyst might be ruptured during the process of labor at the full time. His patient had been pregnant before, and it appeared that whilst pregnancy was going on the development of the cyst ceased, and it only enlarged after and between the pregnancies.

He considered that operations of any kind, however simple, performed during pregnancy, tended to produce abortion or bring on premature delivery.

Mr. Spencer Wells said the question had several times come before him, in consultation on cases where an ovarian cyst complicated pregnancy, whether the patient should be left alone, or tapped, or premature labor be induced. He would be glad to learn from some of the accoucheurs present what they had observed in such cases, and he would say that the result of his own experience was strongly in favor of tapping. If the cyst were left alone, there was great risk that it might burst as the pregnancy advanced. He had known this to occur twice. He had repeatedly tapped ovarian cysts in pregnant women, and never saw anything unusual follow; and it appeared to him that inducing premature labor must be more hazardous to the mother than tapping the cyst, while certainly it injured if it did not destroy the child. In reply to Dr. Barnes's question, Mr. Wells said that he had only once seen labor speedily follow tapping, and in this case it was probably only a coincidence.

The President considered that if the contents of the tumor were fluid, tapping was preferable to the induction of premature labor.

Dr. Playfair said that, with reference to the question of premature labor mentioned by Dr. Barnes, in none of the cases he had collected was it stated that the child was born before the full period. He did not doubt, however, that premature labor frequently occurred where ovarian tumor existed; but the child being small there would be little difficulty in the delivery, and, therefore, such cases had not been recorded. He believed that, as a rule, it was chiefly the smaller ovarian growths which were pushed down in front of the head. When the tumor was large it was more likely to remain within the abdomen, and it would not be so likely to act as an obstruction. From this it resulted that such a complication would seldom be discovered until

labor had actually commenced, and, therefore, there would be no opportunity for discussing the advisability of artificially inducing delivery.

ART. 8.—*Clinical Remarks on a Case of Extra Uterine Pregnancy.* By ROBERT GREENHALGH, M.D., &c. (*Lancet.*)

EXPERIENCE has demonstrated, amongst others, two most important facts: firstly, that in those cases in which the embryo perishes early little or no further danger or evils need be apprehended; and secondly, that where its development is thus arrested, especially when enclosed within its own membranes, no more favorable issue could be desired.

It will be generally admitted that where the liquor amnii is discharged, either spontaneously or artificially, at an early period of gestation, embryonic life is almost, if not quite certain to be extinguished, and the growth of the involucra arrested, and thus all fear of over-distension and rupture of the sac will be avoided. It may also be fairly conceded that the puncture of cysts about the cavity of the pelvis by means of a hair trocar and canula is rarely or never attended with serious results, especially if care be taken not to exhaust the sac by pressure upon the abdomen, thus avoiding the ingress of air. But it may be asked—is the diagnosis of extra-uterine pregnancy always so certain that we dare venture to introduce a trocar into a growth the nature of which may be so questionable? Doubtless, the diagnosis of these cases is frequently most obscure—nay, impossible; still, assuming the enlargement to be due to one or more of those growths usually found within the pelvis—such as pelvic abscess, hæmatocele, cyst of the broad ligament, ovarian dropsy, fibro-cystic tumor, &c., —so much light would thereby, in all probability, be thrown upon the nature of the cases as to determine our diagnosis, prognosis and rational treatment, and in some few cases even more—the puncture may be,

and has been, the very means by which the disease has been relieved, and in some instances cured.

If, then, we consider the dangers of these progressive cases of extra-uterine pregnancy on the one hand, and the harmlessness of the means proposed and adopted for their arrest on the other, I think I am justified in assuming that, where an early diagnosis is made, the evacuation of the liquor amnii by the hair trocar will be found a safe, easy, and efficient means in lessening or altogether averting the dangers of these hitherto alarming and fatal cases. It may be said that I have somewhat too hastily brought this case before your notice, and that evils may yet arise which might prove that the practice adopted is not so valuable and worthy of imitation as has been assumed. I am most anxious to guard myself against any such imputation, as I am fully aware that nothing is more damaging to the cause of medicine than the publication of so-called successful cases before sufficient time has elapsed to test the efficacy of any plan, especially a new one, resting, as in this instance, upon one case only. Still if any one will well and impartially consider and weigh the whole facts of this case previous to the improvement—aye more, the speedy and complete disappearance of all the symptoms subsequent to the operation, and the physical changes which have since occurred, I trust I shall be acquitted of anything like precipitancy in the matter, and that this case, at least, will be emphatically declared a complete success.

ART. 9.—*An Item in the History of the Removal of Ovarian Cysts.*—(*Cincinnati Journal of Medicine*).

A woman, between twenty and thirty years of age, had been tapped twice for an ascites, and a large quantity of water taken away at each time; but after the last operation, the puncture did not heal, and in a little time, a substance they did not understand, protruding, I was

desired to see her. It was evidently a part of a cyst, and, as it had already dilated the sore, I persuaded her to let it alone till the opening become larger, in hope of a better opportunity of affording relief. Accordingly, in ten days or a fortnight the protrusion was much larger, and by the help of a dry cloth, a cyst that would contain five or six gallons of water, was gradually extracted. More than a quart of matter immediately followed, and more was daily discharged for some time; yet the woman recovered without farther trouble than keeping the parts clean, and afterward bore several children.

We have extracted the above from that interesting and valuable work written by Thos. Kirkland, entitled:

An Inquiry into the Present State of Medical Surgery, and published in London in 1786, vol. 2, p.p. 195. We give it as an interesting item in the history of the removal of ovarian cysts, and we may further add that in the appendix to the same volume, p.p. 570, Mr. Kirkland makes the following proposition:

We have given an instance, p.p. 195, where a cyst being taken away cured an ascites: and seeing medicines do not avail in incysted dropsies of the abdomen, is it not worth our while to consider whether, when they are unconnected with the adjacent parts, after taking away the water, the patient might not sometimes be cured by enlarging the puncture, pressing the cysts forward, and draining it out? He then proceeds to examine the difficulties in the way and the objections which may be brought against the operation, and thus concludes: At present, I offer these hints to those who think the subject deserving attention, and time will probably determine the question.

Eighty years have passed since the above was published, and time has determined the question, and that, too, most emphatically in favor of Mr. Kirkland's proposition.

SURGERY.

ART. 10.—*Prostatitis resulting in Abscess opened through the Rectum.—Recovery.*

MR. P. C. LITTLE communicates to the *Medical Press & Circular* of Dublin, an interesting case of prostatitis supervening on gonorrhœa, in which on the fourth day after the case came under his supervision he detected and opened a prostatic abscess through the rectum. The patient made a complete recovery in a fortnight from the invasion of the disease. He appends to the case the following summary of the symptoms, pathology, &c., of this distressing complaint:

The symptoms which this case presents are those which generally accompany prostatitis, and which I may be permitted to summarize thus:

1. Retention of urine.
2. Pain in lower part of rectum, or perineum.
3. Distressing tenesmus.
4. Throbbing at anus.
5. Sympathetic disturbance.
6. Prostatic tenderness.

These conditions leave little doubt as to the nature of the disease. 1. The retention arises from occlusion of the prostatic portion of the urethra by the inflammation, which may either implicate the whole organ, and so concentrically close up the canal; or, what is more usual, may attack one of the three lobes, and so obstruct and displace the urinary passage. In the present case the latter was pushed to the left side, by the inflamed right lobe. 2.–3. The immediate union of this gland with the lowest portion of the intestines, and sphincter ani, account for the pain in the rectum or perineum, and the tenesmus—so urgent and prominent a symptom. 4. At an advanced period, throbbing at the arms was a remarkable feature. When it exists, we

may look upon it as announcing the formation of matter. I have observed that this condition more generally accompanies the formation of matter in certain local inflammations than do rigors. In the case before us, there was only one distinct rigor. 5. The general systemic disturbance in this disease, is probably owing to the peculiar nervous relations of the prostate. It is closely united with the great nervous centres, through the "plexus seminalis" of the sympathetic, which, after supplying the vasa deferentia, and vesiculæ seminales, break up into innumerable minute branches, which ramify upon, and terminate in the gland; and, it is a physiological fact, that sensibility is greatest at the extremities of nerves. 6. Tenderness of the prostate, ascertained by digital examination, completes the diagnosis.

The pathology of inflammation of this gland is still obscure in some respects, although much light has been shed upon it by the investigations of Kölliker, Virchow, V. Ellis, Jarjavay, and other modern physiologists and microscopic anatomists.

We may enquire, by what means gonorrhœal inflammation of the prostate is excited?

1. Is it of metastatic origin? 2. Is the virus communicated to the gland by continuity of surface? 3. Do the veins and lymphatics of the urethra carry the poison to the gland upon which they form a net-work? 4. Is it a rheumatic development of gonorrhœa? 5. Or, is it the effect of two or more of these causes united?

We may reasonably believe that it originates in some of these ways; and, in the generality of cases—is propagated, simply by continuity of surface—the inflammation extending along the urethra to the gland through its numerous excretory ducts. What is the character of this inflammation? Is it erysipelatous? or, phlegmonous? It is difficult to discover any rule on this point. But from analogy, we may infer that inflammation of

the cellular covering of the organ, will likely assume an erysipelatous type; while, upon the same principle, inflammation of the substance of the prostate, may be phlegmonous. The products of the inflammation are variable, depending upon the part diseased. Inflammation, in one case, of the covering of the gland; in another, of its excretory ducts; and, in another, of the organs of secretion, should not be followed by similar pathological results. A careful examination of, and inquiry into the special circumstances of each case, will assist materially in deciding this point, as well as the others referred to.

The treatment was, I think, rational, and suggested by the circumstances of the case. My first object was to empty the over distended bladder. In this I succeeded by the careful use of a gum-elastic catheter without stilet, as advised by an able and accomplished Irish surgeon, the late Mr. Rind. I need scarcely remark upon the wisdom of that advice. With this flexible instrument, there is much less danger of making false passages, and much more likelihood of insinuating its point through a distorted and inflamed urethra, than there would be with an unyielding one.

The emetico-cathartic mixture produced most useful aperient and diaphoretic effects. The local blood-letting was not followed by the desired results. Here I may call attention to the propriety of direct leeching of the inflamed prostate, and the necessity of confiding that duty to a qualified person, who will perform it *efficiently*. The question arises, should mercury have been administered? I should be slow to give it in such cases where the inflammation confines itself to the gland. I would not hesitate to do so should the disease implicate the bladder or peritoneum, as sometimes happens.

Early incisions for the evacuation of matter are necessary. Neglect on this point may lead to dangerous consequences; such as extension of the inflammation to important adjacent structures, recto-vesical fistula—

the abscess having burst into the rectum, or into the neck of the bladder, forming the nidus for a calculus; irritative fever, pyemia, exhaustion, and death. Where and how should the incisions be made? The practice adopted by some of plunging a knife through the perineum into the prostate, seems unscientific and inhuman, and may not achieve the object in view. What are the chief objections to it? A large branch of the pudic artery may be divided; the bladder, rectum, or urethra may be opened, and an intractable fistula created; extravasation of urine, and diffuse cellulitis may ensue. Again, it appears very objectionable to attempt to open a prostatic abscess, the position of which is unknown, by thrusting an inflexible instrument through the urethra in search of it. False canals may thus be made, the natural one, no matter how tortuous, may become still more so; the catheter may not be able to enter the bladder, from the swelling induced, and complete retention may result from this "heroic treatment."

If the matter be in either the right or left lobe, or the prostatic capsule, which a *tactus eruditus* will soon determine, there can be little danger or difficulty in tapping it through the rectum, and with little or no pain, as in the case under consideration. This method is approved of by Nélaton, and other French surgeons of distinction. A bivalve speculum, of such calibre at the anal extremity as to admit the index finger for exploration, and a long bistoury, with the edge sharp only towards the point, will be most suitable for the operation. Time should be taken for the introduction and divarication of the speculum, on account of the unusual tonic condition of the sphincter ani in this disease. This strong tonicity appears to me to be the only fair objection to this mode of letting out the matter. On the withdrawal of the instrument, the muscle powerfully contracts, closes up the outlet made for the pus, and prevents any more from escaping. To meet this drawback, in the case before us I recommended active enemata

of oil, turpentine, &c., which accomplished my desires. If the abscess confine itself to the middle lobe, or point towards the urethra, I can conceive no more appropriate means of treating it than by incision made through M. Desormeaux's endoscope, improved by Dr. Cruise.

In the after-management of the case, it may be useful to apply nitrate of silver, or some such stimulating astringent, to the abscess, which may readily be done through the instruments of which I have just spoken. It may be necessary to draw off the water after the evacuation of the pus. Should it be so, we shall have a safe guide into the bladder, by carefully pressing the instrument along the upper surface of the urethra—a rule for the introduction of the catheter inculcated by Mr. Butcher.

ART. 11.—*Clinical Remarks on Cases of Joint Inflammations.*—(*Lancet*).

DURING the month of March there presented themselves at the CHARING CROSS HOSPITAL an unusually large proportion of acute and subacute joint inflammations, the larger number of these being rheumatic and arthritic. In pointing out this fact to his class a few weeks since, Mr. Barwell made the following remarks:

The large proportion of synovitic cases that we have seen to-day and for some days past cannot fail to have impressed you: and that peculiarity of the time must, I think, be ascribed to the inclement weather, and especially to damp combined with cold. We had no run upon joint cases during the dry frost of January; the damp warmth of February brought forth crops of boils and carbuncles; and the cold, raw, wet of this month of March has produced a disproportionately large number of rheumatic and rheumatoid affections. I make these remarks because it does not appear to me that sufficient attention has ever been given to the meteorology of disease. No sort of practice gives so

extensive a field for observation as a great out-patient department, and I have for years past observed fluctuations in the class of cases to attend diversities of weather.

But now I wish to call your attention to some peculiarities in my treatment of different cases. You will have observed that after the violence of inflammatory symptoms is subdued and that little pain with a certain amount of swelling is left behind, I order in some, the smaller number of cases, applications of iodide and bicarbonate of potash; but in others, the larger number, I combine in different proportions iodide of potassium and iodide of lead; for I find that of all absorbent applications, the iodide of lead is probably the most potent in cases of strumous and rheumatic thickening, but it must always be used with care, especially as it acts upon the gouty diathesis as a direct poison.

Dr. Garrod has described, in his work on Gout, the influence of lead as a predisposing cause of gout (pp. 281, *et seq.*) I find, however, an important converse to this view—viz., the influence of gout as predisposing to lead-poisoning. The first notice which I received of this fact was in private practice. A gentleman for months laid up with gout, and tired of being overdosed with colchicum, sent for me. I ordered, among other things, an application to the foot, consisting of two parts of iodide of potass and one of iodide of lead. Next day—i. e., in twenty-four hours—he had symptoms of lead-poisoning, by no means slight, and the blue gum line well marked. This fortunately gave me a clue in another case I then had in hand, of a gentleman who always fell ill after residing some days in his town house. He was the only one of the family who suffered. These illnesses were all alike, and his stay in town was always terminated or closely followed by a fit of gout. Having been given the strong hint above mentioned, I thought I could trace somewhat obscure symptoms of lead-poisoning, and on examination the water was found to

contain lead. Since the cisterns, &c., have been changed, this regular sequence of events has ceased.

Now you will observe that if any signs of gout are detectable in your patient, you will avoid the use of lead, and you may substitute a drug which in these cases is more useful—viz., the bicarbonate of potash, which has a chemically solvent action on gouty chalk-stone. You may apply the materials in solution. Let lint dipped into the fluid be placed round the joint, and over this oil-silk; or, if your patient be in bed, put a thick layer of wadding over the wetted lint, and confine the whole with tolerable pressure by means of a roller. The heat will add to the rapidity of absorption, and you will find this mode of application very efficient.

ART. 12.—*An Ingenious Bullet Detector.*—(*Medical Times and Gazette.*)

A very ingenious piece of mechanism for the detection and extraction of bullets in wounds has been devised by Mr. Sylvan De Wilde. It seems that at the time Garibaldi was suffering from the effects of an undetected bullet in his limb, and pained by the fruitless efforts of operators to detect it, it occurred to several individuals of a philosophic turn of mind, that electricity might very well be employed in the detection of metallic substances lodged within the human tissues. In France, M. Edmond Langlois, M. Favre, and Dr. Lecompte, of the French Army Medical School at Val-de-Grâce, assisted by M. Rhumkoff, all made use of it in the elaboration of suggestions on the point. There is this manifest advantage, that the structures of the body are non-conductive—a fact that renders the action of the electric current more perfect.

Mr. De Wilde has apparently produced the most practical result; and his instruments have been submitted to the naval and military authorities, who have made a complimentary report about them. The apparatus consists of a probe and forceps, a battery, and an

alarum, contained in a box eleven inches long by three broad, and two inches and a half deep. The elements for the generation of a current, which remains constant for some weeks, are zinc and carbon. The probe, consisting of two steel wires, insulated from each other, is connected with an electric horse-shoe magnet and a bell, and when (introduced into the wound) it touches the bullet, the circle is completed, and the bell rings. The forceps act on the same principle, and are intended first to detect, then to seize the bullet. They have curved points, and not pallets or spoons. The points of the probe are kept sheathed on introduction to the wound, and not uncovered till the supposed bullet is felt. This is effected by means of a sliding tube. The advantages of Mr. De Wilde's probe over others of its kind are very marked, and the army and navy officers will no doubt find it a great aid. The probe is a sensitive artificial finger, which enters deeply into the tissues, and gives the signal at once when it detects the hidden source of mischief below.

Varia.

Decoration of M. Nelaton.—We learn from our foreign exchanges that recently as M. Nelaton was about leaving St. Cloud, where he had paid a professional visit to the Prince Imperial, his patient requested him to remain a moment, and then producing a Grand Cross of the Legion of Honor, he placed it on M. Nelaton's breast, with the remark: "This is not exactly new, Doctor, for it is the one my father wore." Nelaton repaired at once to the Tuilleries and presented himself to the Emperor, who announced to him that no honor that he could confer upon him would compensate for his distinguished services. This is the second instance only of a medical man's receiving the Grand Cross—it being previously conferred on M. Rayer, at his resig-

nation of the Deanship of the Faculty of Medicine—which position he had long and honorably filled.

M. Nelaton has also been elected into the Medical and Surgical Section in the Académie des Sciences left vacant by the death of Jobert. MM. Guerin and Sedillot were named at the head of the list of candidates *ex aequo*, and MM. Laugier and Nelaton were placed in the second line *ex aequo*. Maissoneuve was named third and Huguier last. The Academy, however, did not regard this disposition, and Nelaton was elected on the 3rd ballot.

It is rumored that Nelaton will be shortly appointed a Senator. Thus do his honors crowd upon him.

Fatal Case of Ovariotomy.—Mr. Koeberle, the eminent ovariotomist of Strasburg, has published in *La France Médicale* (February 16th, 1867) a case in which tumors of both ovaries were removed, one of which weighed ninety pounds. The adhesions were very extensive, and the oozing of blood was considerable; not so much so, however, as to require the actual cautery, which was ready. The pedicles were tied. The patient died, thirty-six hours after the operation, of hæmorrhage into the cavity of the abdomen. M. Koeberlé deserves a good deal of credit for giving publicity to this case.

Comparison of Mortality in the Cities of Providence, R. I., and New York.—Among the evidences of a good sanitary condition of a city, as shown by the mortality, we may name as prominent: 1. A small total number of deaths: 2. At this season of the year, a small mortality from summer complaints: 3. A small mortality from zymotic diseases: 4. A small mortality of children under 5 years of age. Let us compare the mortality of the month of June, in Providence, with this standard.

1. The total mortality in June was 8 less than the average for twelve years, though the population has in-

creased more than twenty per cent. during that time. The same monthly number of deaths during the year, would give an annual mortality of only one in 75.8; or only 13.2 in each 1000 of the population by the census of 1865.

2. There was not a single death, during the month of June, from any one of the summer complaints.

3. There were only 4 deaths in June from all zymotic diseases, or only 6.6 per cent. of the whole number of deaths.

4. There were only 10 deaths in June, of children under five years of age, which was only 16.6 per cent. of all the deaths. The average annual mortality of children under 5 years, is about 40 per cent. of all. There were 19 decedents in June over 60 years of age, and only 10 under 5 years.

It will be seen that the health of Providence is extremely satisfactory, as compared with itself.

Let us now compare the mortality of Providence with that of New York. Thanks to the efforts of the Board of Health, the sanitary condition of New York City has improved most wonderfully. There were only 409 deaths in that city in the last week in June, which number was 114 less than in the corresponding week of 1866.

And yet, a comparison with Providence gives the following results:

Total Mortality.—The same rate of mortality during a year, would give in New York 29.3 deaths in each 1000 of the population; in Providence, 13.2. In New York one death in 34.1; in Providence, one in 75.8, according to the census of 1865, in both cities.

If the mortality in Providence had been at the same rate as in New York, the number of deaths in June would have been 132 instead of 60.

Zymotic Diseases.—In New York, 25.67 per cent. of all the deaths were from zymotic diseases; in Providence, only 6.63 per cent.

Infantile Mortality.—In New York, 53.06 per cent. of all the decedents were children under 5 years of age; in Providence, only 16.66 per cent.

The data for these comparisons are the deaths in New York during the last week in June, and in Providence during the month of June. In both places the number of deaths was much less than the average for a year, and though the figures are correct and fair for a comparison between the two cities, they are not correct as a standard of the facts for a whole year, for either city. —*Dr. Snow's Health Report for June.*

Deaths from Chloroform.—Dr. Lancaster held an inquest at University College Hospital on the body of a little girl named Florence Lennox, nine years of age. Her mother, the widow of a gardener near Oakham, Rutlandshire, brought her to the Hospital to have an operation performed for the cure of squinting. She was in perfect health at the time. Chloroform was administered by Mr. Gill previous to the operation, which was performed by Mr. Strethfield; and death took place upwards of two hours after. Dr. Sydney Ringer said he was present almost immediately after the chloroform was given. The patient was insensible and pulseless. She breathed heavily at intervals. He found, from post-mortem examination, that the body was well-nourished, that the heart was flaccid and contracted, but all the other organs healthy. He had no doubt the cause of death was syncope, from the administration of chloroform. It appeared that it was slowly and properly given—and not too much in quantity, and Dr. Ringer considered that there was some peculiarity of constitution in the case. They had used chloroform, he said, in that institution on thousands of patients, and had only met with one previous death about five years ago. The verdict of the jury was "Death under the administration of chloroform through misadventure." This case is of unusual interest in its bearing in the opinions of Caspar respecting slow poisoning by chloroform.

On Saturday last an inquest was held on the body of George Gillard, who died in the Taunton Hospital, after having had chloroform administered to him. It was proved that death resulted from syncope, caused by the chloroform. The jury completely exonerated the medical attendants from blame.

[Dr. J. W. S. Gouley, of this city, furnishes us the following note of a case that has never been publicly reported, and which he desires now to put on record.]

In the spring of 1860, Mrs. ——, a stout Irish woman, aged about 40, was brought into one of my wards at Bellevue Hospital, with an injury of the elbow. The limb was so painful to the touch that I directed the House-Surgeon to administer chloroform, in order to enable us to make a thorough and careful examination. The chloroform was perfectly pure, the quantity used did not exceed two drachms, and it was administered with the greatest care. Before we could proceed with the examination the patient stopped breathing, and died in spite of the efforts which were made to establish artificial respiration. On post-mortem examination the brain was found healthy, the heart somewhat fatty, the lungs congested (hypostatic), the liver fatty, and the kidneys also slightly fatty. The other viscera were healthy.

Terrible Mortality at Mauritius.—United States Consul Pike, in a letter to the Secretary of State, dated Port Louis, Mauritius, May last, says:

"Since my last dispatch the fever has greatly increased—so much so that all persons who can leave the country are doing it at the first opportunity. Nearly 30,000 persons have died since the 10th of February, and it is now supposed by the medical faculty that it will continue during the year, as the cold weather does not seem to check it, but rather aggravates it. Business is completely suspended, and everything on the island wears a gloomy aspect. This great mortality is unpre-

cedented in history, and if it continues it will nearly depopulate the island. Many persons are of opinion that the disease is contagious, as the last English mail steamer, which left here with fever on board on the 6th of April, brought it back with her."

The fever which Consul Pike refers to is variously described in our foreign exchanges as a bilious remittent and as yellow fever. The disease is confined almost exclusively to the natives, whose habits are filthy in the extreme, the English residents and troops having thus far escaped. In Port Louis, the principal town of the Island, the sanitary arrangements are scandalously defective and there is an entire absence of house drainage, so that it is not much to be wondered at that there should be such an outbreak of the epidemic. The total population of the island is about 340,000.

Civiale's Collection of Calculi.—At a late meeting of the French Academy, the veteran Civiale, only a few days before his death, exhibited his collection of urinary calculi, obtained from 2,400 patients, operated on at various periods since the year 1824, of which 1,600 had been submitted to lithotrity. The paper accompanying the collection is of the highest interest, since it contains the generalizations of a careful observer, who has both physically and chemically examined an immense and varied series of urinary concretions. M. Civiale dealt with the various forms of calculi, and especially directed attention to the hardness, consistency, and internal molecular constitution of calculi. This method of study he considered of the utmost importance, since, without an intimate knowledge of the nature of a concretion, the lithotritist labors under many disadvantages, and may lose much time in performing an operation. After dealing with the ordinary forms of calculus, M. Civiale proceeded to the unusual varieties. Of these he says there are the following:—Conical, pyramidal, triangular, cubic, square, tetrahedral; calculi resembling a mushroom, a heart, and a brain.

Hard on the Dentists.—Dr. Peebles, the President of the Missouri State Dental Association, quotes the following anecdote in his recent address to the Society, as an illustration of the status that dentists occupy in France. He says that it was a common remark not many years since, in disputing a man's word, to say: "Why! you lie like a dentist." A well-known picture dealer on the Rue Lafitte, sold to a dentist named Verdier, a painting of Delacroix for 3,500 francs. It was proved to the satisfaction of the judges that the work in question was left by Delacroix, at the time of his death, a sketch scarcely begun, and that it had been turned into a finished painting since his decease by some unknown artist. The Court held that this was a fraud, and the money must be refunded. The dealer pleaded two things—first, that if the picture had been a genuine Delacroix it could not have been sold for so small a sum; and second, *that all dentists were notorious liars.*

A Raid on the Uterus.—A distinguished surgeon in New York city, twenty-five years ago, said, when Dupuytren's operation for relaxation of the *sphincter ani* was in vogue, every young man who came from Paris found every other individual's anus too large, and proceeded to pucker it up. The result was that New York anuses looked like gimlet-holes in a piece of pork. It seems to me that just such a raid is being made upon the uterus at this time. It is a harmless, unoffensive little organ, stowed away in a quiet place. Simply a muscular organ, having no function to perform save at certain periods of life, but furnishing a capital field for surgical operations, and is now-a-days subject to all sorts of barbarity from surgeons anxious for notoriety. Had Dame Nature foreseen this, she would have made it iron-clad. What with burning and cauterizing, cutting and slashing, and gouging, and spitting and skewering, and pessarying, the old-fashioned womb will cease to exist, except in history. The *Transactions* of the National Medical Association for 1864 has figured

one hundred and twenty-three different kinds of pessaries, embracing every variety, from a simple plug to a patent threshing machine, which can only be worn with the largest hoops. They look like the drawings of turbine water-wheels, or a leaf from a work on entomology. Pessaries, I suppose, are sometimes useful, but there are more than there is any necessity for. I do think that this filling the vagina with such traps, making a Chinese toy-shop of it, is outrageous. Hippocrates said that he would never recommend a pessary to procure abortion—nay, he swore he never would. Were he alive now he would never recommend one at all. If there were fewer abortions there would be fewer pessaries, and if there were fewer pessaries there would be fewer abortions. Our grandmothers never knew they had wombs only as they were reminded of it by the struggles of a healthy fœtus; which, by the by, they always held on to. Now-a-days, even our young women must have their wombs shored up, and if a baby accidentally gets in by the side of the machinery, and finds a lodgment in the uterus, it may, perchance, have a knitting-needle stuck in its eyes before it has any. It is the easiest thing in the world to introduce a speculum and pretend to discover ulceration of the os, and subject a patient to this revolting manipulation once or twice a week, when there is, in fact, nothing the matter. By some practitioners, all diseases which occur in the female are attributed to the uterus. In this class are especially to be included all such as make of the abnormal conditions of the uterus a speciality.—*Extract from the address of Dr. W. D. Buck, Prest. of the New Hampshire State Medical Society for* 1866.

Hydrophobia.—The *Detroit Free Press* is responsible for the following:—Sixteen years ago last Wednesday, James Bay, then a resident of Pontiac, was bitten by a rabid dog, but experienced no serious effects from the bite, until one year from the day on which he was bitten. He then felt some symtoms of the terrible

disease, which soon developed into a most frightful attack. For six weeks he was a raving maniac, and all hope of his recovery was abandoned; but an iron constitution, and skillful nursing, brought him out from the shadow of death, and he rallied, the disease finally passing off. He pursued the even tenor of his way until the second anniversary, when he was again attacked, but with less severity than on the first occasion. The 26th day of June in each succeeding year has been the occasion of a hydrophobic fit, the last of which attacked him one week ago yesterday, at Sandwich, where he was employed as brickmaker. The usual symptoms were felt during the early part of the day, and Bay requested some of his friends to tie him in order to prevent personal injury. Being frightened by his personal appearance they refused to do so, and he continued at his work all day and until midnight, his usual time of quitting. Some time subsequently he was found in a state of maniacal frenzy, and so alarmed were his friends by his appearance that no one dared approach him. During the attack, he suffered from frequent and severe convulsions—the prostrating effects of which were so marked that in the course of the night he fell asleep. The next morning the patient was as well as usual, with the exception of the extreme exhaustion produced by his sufferings.

Mr. Hoff and the N. Y. Academy of Medicine. —At the last meeting of the Academy of Medicine, the following resolutions were unanimously adopted:

Whereas, W. L. Hoff, proprietor or agent of the "Hoff Malt Extract," is issuing publications through the secular papers, and by means of pamphlets and circulars professing to quote favorable opinions expressed in a report of a committee of the Academy;

And, *Whereas*, the said Hoff is widely circulating a letter purporting to have been written by a Fellow of the Academy;

And, *Whereas*, the publications of said Hoff are so

adroitly and designedly worded as to impress the mind of the reader with the belief that the Academy has endorsed his nostrum, and has thus apparently compromised its dignity and professional standing—Therefore,

Resolved, That the N. Y. Academy of Medicine does hereby proclaim and declare that it has not expressed any opinion in regard to "Hoff's Malt Extract," and that any and every use of its name in recommending said Extract is unauthorized by the Academy.

Resolved, That a copy of the above preamble and resolutions be sent to the Medical journals of this city, and that the Medical journals throughout the country be requested to copy the same, in justice to the Academy and the profession.

New York Hospital.—Dr. Ernst Krackowizer has been appointed Attending Surgeon vice Dr. Willard Parker resigned. Dr. W. H. Van Buren is elected Consulting Surgeon of this hospital.

Bellevue Hospital.—Dr. Thomas M. Markoe has been appointed Attending Surgeon to fill the vacancy caused by the death of Dr. W. H. Church.

The Hickman (Ky.) *Courier* is responsible for the statement that a Miss Mary Godsy, living near the place, has been asleep for twelve years. At the age of twelve, after an ague fit, the young lady went to sleep, and has been in a state of coma most of the time since, and she is now twenty-four years of age. She wakes at regular intervals for the purpose of yawning, but soon sinks into slumber again, from which it is impossible to arouse her. She takes kindly to this condition of things, has grown considerably, and preserves her beauty and plumpness.

Suicides in Vienna.—Very alarming reports are received from Vienna of the frequent recurrence of suicides in that capital. The general opinion on the

Continent is, that Londoners are so afflicted with fog and wet that they commit suicide out of spleen. Certainly no such reason can be given for suicides in Vienna; for the Viennese are known to be the most lively and cheerful people in the world—not affectedly so, like the French and Italians, but really sincere in their love of incessant amusement. Therefore every one is at a loss to conceive why they, of all people, should make themselves notorious by such numerous cases of self-destruction. A curious case happened the other day, a short distance from Vienna. A man shot himself on the boundary between two communal districts, and was found lying across the frontier line. The question arose under the jurisdiction of which body of police was the *corpus delicti*. After a great deal of discussion the affair was brought before a magistrate, who decided that the jurisdiction lay with that district in which the man's head was situated. The police of the district, Boehring, thereupon removed the body.

Women as Apothecaries.—A decided advance in the matter of Woman's Rights has been made in Holland. The Minister of the Interior has issued a decree admitting women to examination for the position of assistant apothecaries—an occupation hitherto restricted exclusively to men. This measure will enable country doctors to have their prescriptions made up by their wives or daughters, and will thus relieve them from the charges of a male assistant.

Ancient Notions of Pigmies.—In a very rare book, printed abroad, Laurens Andrew's "Noble Lyfe and nature of man, of bestes, serpentys, fowles, and fisshes that be most knowen," there is such a curious description of pigmies, that we are tempted to print it: "Pigmies be men & women, & but one cubite longe, dwellinge in the mountaynes of yunder; they be full grown at their third yere, & at their seuen yere they be olde; & they gader them in May grete company togeder,

and arme them in theys best maner; and than go they to the water syde, & where-so-euer they fynd any crans nestis, they break all the eggs, & kill all the younges that they fynde and this they do because the crans do them many displeasures, & fight with them oftentymes, & do them great scathe, but these folk couer their houses with the crans feders & egshels." Fol. h. ij. dack.

Canadian Medical Society.—A movement has been started under the auspices of the Quebec Medical Society, to establish a Medical Society for the Dominion of Canada. The following resolutions were unanimously adopted at a recent meeting of that Society:

Resolved, 1. That in the interest of the public and the Medical Profession, it is desirable to adopt such means as will insure an Uniform system of granting license to practice Medicine, Surgery, and Midwifery, throughout the Dominion of Canada.

2. That in future, all medical degrees or diplomas of Universities, Colleges, or Schools of Medicine, shall have merely an honorary value, and licenses to practise Medicine, Surgery or Midwifery, in the Dominion of Canada, shall be granted by a Central Board of Examiners, in each Province, before whom all holders of Degrees in Medicine, or Diplomas for Surgery, or Midwifery, shall appear for examination.

3. That a committee of seven members be named by the Medical Society, to confer with the various Universities, Colleges, and Medical Schools in Canada, on the subject of the establishment of a Central Board of Examiners, before which all candidates for license to practise medicine in the Dominion of Canada, shall be examined.

4. That the Quebec Medical Society recommends the calling of a Convention of Medical Delegates, from Universities, Colleges, Schools, Medical Societies, &c., in the Dominion of Canada; to meet at the city of

Quebec, on the second Wednesday in October, 1867, for the purpose of adopting some concerted action, on the subject of medical legislation, in conformity with this report, and for the formation of a "CANADIAN MEDICAL ASSOCIATION."

LIGATURE OF THE FEMORAL ARTERY FOR THE CURE OF INFLAMMATION OF THE KNEE-JOINT.—We understand that, at the London Hospital, a case of acute inflammation in and about the knee-joint of a male adult, who had sustained a lacerated wound of the joint, has been treated (at the suggestion of Mr. Maunder) by ligature of the femoral artery, with a view to modify the inflammatory action. Thirty days have elapsed since Mr. Little applied the ligature at the apex of Scarpa's triangle, and the case has hitherto progressed most satisfactorily. Mr. Maunder proposes also to ligature the brachial artery in cases of acute inflammation of the palm of the left hand. The operation was performed on the 13th of May.—*Lancet.*

MISTAKES.—Several mistakes which have been made within a few months past, by apothecaries in different parts of the country, have become public through the medical journals. None is as painful as the one which occurred about the middle of May, in Brooklyn, N. Y. According to the *Brooklyn Eagle* of May 17th, P. A. Schwartz, a clerk in a store on Atlantic street, was requested to copy the following prescription, which had been previously put up at this store: R. Quiniæ sulph. ʒss. Ext. Nuc. Vom., gr. i. M. ft pil. No. xv. Dose: one pill every two hours.

He wrote for Quin. Sulph. ʒss., Ext. Nuc. Vom. ʒj., &c., and this prescription was put up by Richard Somers at a store in Montague St. The patient, a lady, took one pill, and died in the course of a few hours. It is unnecessary to make any comment on such gross carelessness; but is it not time that pharmacists, as well as the public at large, should wake up to the necessity of

requiring the strict education of every dispenser of medicine? The educated pharmacist *must* know that 4 grains of ext. of nux vom. of our pharmacopœia is a poisonous dose, and that he has no right to put it up without previously consulting the prescriber.

The victim is dead, and the daily press has had food for some editorials on the incapability of drug clerks, without suggesting the only practical remedy of such crying evils—namely, a sound professional education.

Let physicians and pharmacists unite their efforts, that the public be protected in their lives, by requiring the least that can be expected of prescribers and dispensers of medicine, who daily hold the lives of the invalids in their hands: namely, a *sufficient education.*—*Am. Journal of Pharmacy.*

The Cincinnati Medical Journal.—It is announced that this Journal is to be transferred to Indianopolis, Ind., and to become, as it were, the organ of the profession in that state. Prof. Theophilus Parvin will have the exclusive editorial management.

The New York Ophthalmic Hospital.—The Directors of this institution have appointed a board of four attending surgeons, from the homœopathic ranks. They are Drs. Allen, Bacon, Wetmore and Leopold. The places were previously occupied by Drs. Stephenson, Carnochan, Holcombe and Ceccarini.

FOREIGN MEDICAL ITEMS.

A Discriminating Marquis.—The Marquis of Westminster has recently leased to St. George's Hospital a piece of ground on which to erect a Medical School. He has, however, made a proviso that no part of the premises shall be used for a dissecting room on the ground, that it would depreciate the value of his property. The question will suggest itself whether the school alone or the hospital with which it is to be connected, would not have the same effect.

Prize Question.—The Paris Hospital Medical Society offer as a subject for the Philips prize, 2000 francs in value, the following question: "Examine and demonstrate to what point tubercular meningitis may be cured or prevented, and what are the most fitting means for the attainment of these results." Essays in French to be sent to M. le. Dr. Lailler, Secretary, 22 Rue Caumartin, before April 1, 1870.

Sir William Lawrence, whose accession to a Baronetcy we noticed but a short time since, is dead—at the age of 84 years. Some three days after the honor of a title was conferred on him he had an attack of apoplexy, followed by hemiplegia. From this he rallied so far as to be able to ride out and with assistance to walk a little, but he never recovered the power of speech.

The Empress Charlotte.—It is stated in the *Gazette de France* that the Medical attendants of the Empress Charlotte have declared, as the result of their consultation, that their unhappy patient will never recover her reason, and that her life will be one of very short duration.

The sad intelligence comes to us from abroad of the death of two of the brightest ornaments of our profession—Civiale and Trousseau—the former on the 11th, and the latter "after months of cruel suffering," on the 23d of June. We shall give a sketch of them in our next number.

A New Medical Baron.—M. Cloquet, known to all Europe as one of the most celebrated of French Surgeons and Anatomists, has just been created a Baron. This reward, it is said, has not been granted to any physician or surgeon since it was conferred on Dupuytren.

Erratum.—By a stupendous error Dr. Seguin's article in this number of the journal is headed the Subcutaneous use of Sulphate of Morphia. The reader will see that Sulphate of Quinia is meant.

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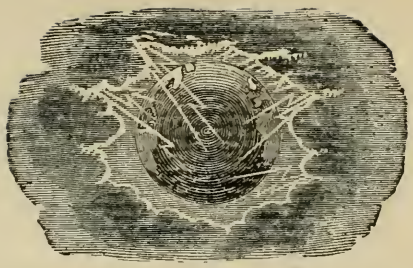

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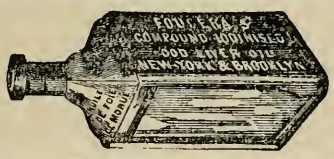

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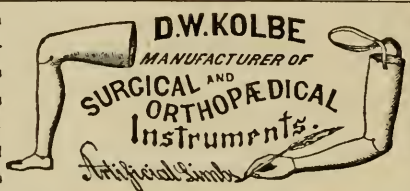

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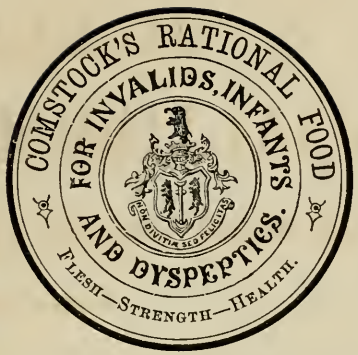

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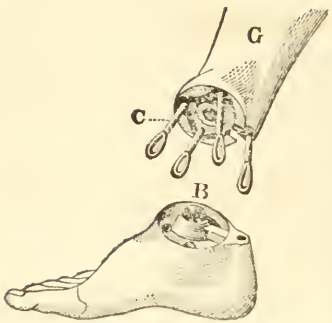

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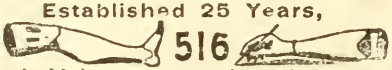

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